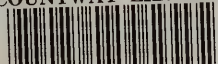


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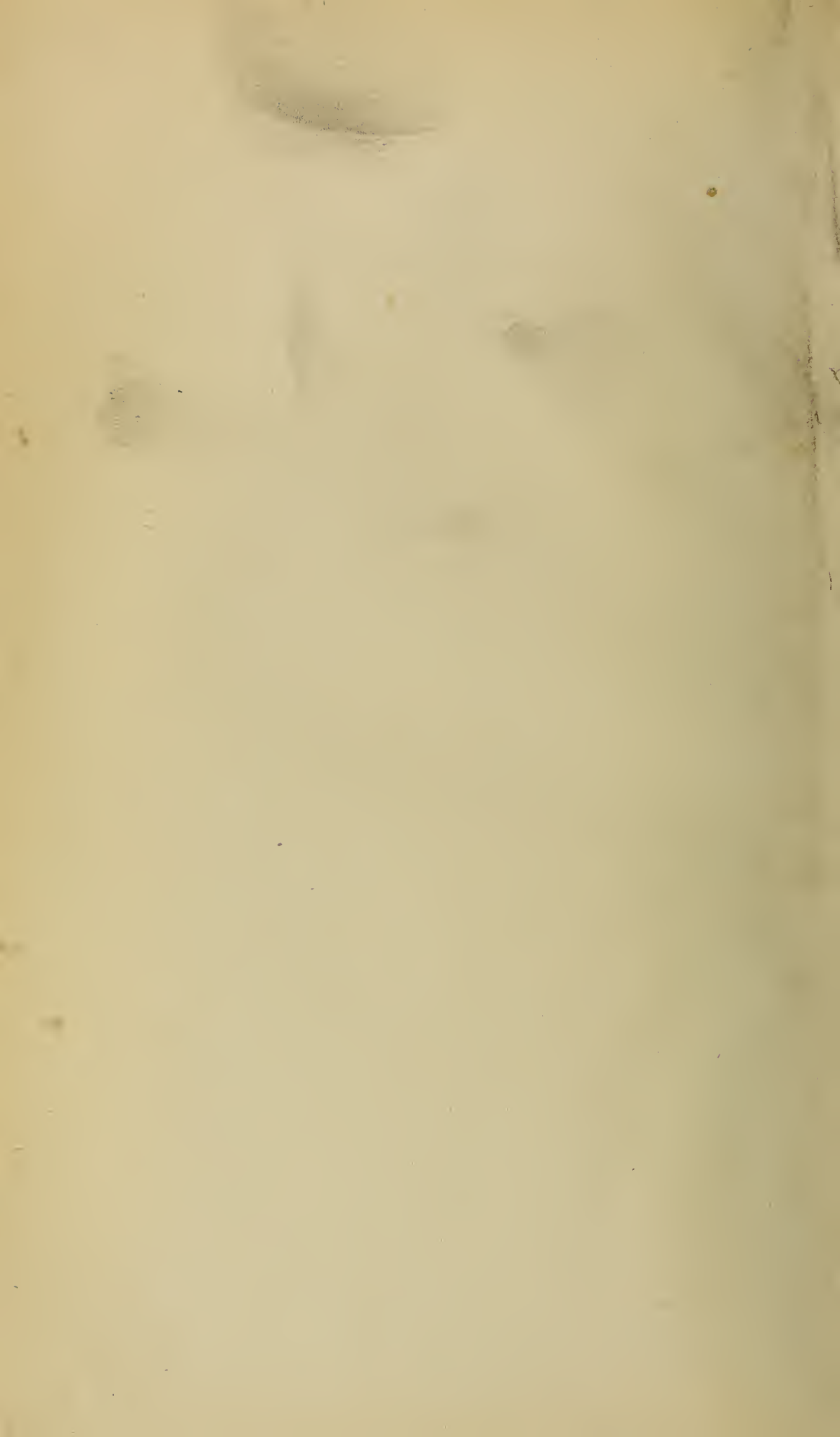


Malcolm Stou















THE JOURNAL  
OF THE  
GYNÆCOLOGICAL SOCIETY OF BOSTON;

*A Monthly Journal*

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE  
OF THE DISEASES OF WOMEN.

Edited by

WINSLOW LEWIS, M.D.,

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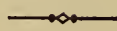


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# THE JOURNAL

OF THE

## GYNÆCOLOGICAL SOCIETY OF BOSTON.

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[No. 1.

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### SALUTATORY

BY THE EDITORS.

TILL within a very short time the workers in Uterine Medicine and Surgery have been few and far between in New England, scarce a practitioner having dared to claim for these branches more than an ordinary interest. Now, there is no department of professional science, not even that of ophthalmology, which has so many devotees, general practitioners though most of them necessarily continue; and while to other sections of the country there must be yielded a great predominance so far as individual reputations are concerned, it has remained to New England to establish the first active association of gynæcologists in existence.

This centralization of research and labor has developed the fact that there is everywhere about us a demand for material hitherto uncollected, and a supply of material capable of an excellent purpose. The Gynæcological Society of Boston aims to supply these needs. It was instituted for the advantage of its immediate members; that, by comparing notes and discussing each other's practice, they might mutually instruct and

be instructed. It has been led to believe, however, that, by the publication of its transactions, it might advantage other physicians who are not directly connected with it, by exciting in them also a deeper interest in the subjects discussed. The editors of several medical journals have kindly volunteered to present its proceedings to the profession, and their publication was commenced in the New York "Journal of Obstetrics" for February last. After the appearance of the report of the first meeting, however, such arrangements were made by the conductor of the journal referred to, — he having concluded to devote a larger part of each number hereafter to the diseases of children, — that it became evident that the reports of the Boston Society must be very materially abridged, that is to say, practically emasculated, inasmuch as the most valuable portion of Society proceedings generally consists in the discussion of the papers presented at the meetings.

Under these circumstances, it has been decided by the Society to itself undertake the publication of its transactions, and at the same time to take advantage of the opportunity thus afforded to call the attention of the profession to matters of collateral interest.

The importance of the diseases of women is as yet hardly recognized at our medical colleges; at our hospitals they are but seldom treated, and are not always diagnosticated. There still exists in New England, as in many places elsewhere, that measure of despotism, miscalled conservative, whereby the many are overridden by the semblance of a transmitted authority. To the progress of gynæcology, as of other branches of medical science, this has proved a hindrance. It will be one of the duties of the editors to assist in breaking it down. With cliques or "rings" they will have nothing to do. The pages of the Journal will be open

for the freest discussion, provided only that it is conducted in a courteous and scientific spirit.

When a second school, more alive to the wants of the age, — a Woman's Hospital, in the fullest sense a charity, — a free profession, in which the degree of every first-class medical college is recognized to be as respectable as that of any other, — and a due appreciation of the diseases of women, — exist in the city which ought long ago to have been the centre of American Medicine, then perhaps will their pens grow weary and their labors end.

W. L.

H. R. S.

G. H. B.

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## SALUTATORY

BY THE PUBLISHER.

In undertaking the financial charge of the new journal, the publisher also would bespeak for it professional favor; and, in doing so, while referring to his own peculiar facilities for the task undertaken, it being directly in the line of his business, he may, he thinks, properly dwell for a moment upon the fitness of the gentlemen who will be responsible for its editorship.

The senior of them, Dr. LEWIS, has been a very prominent man in New England ever since the commencement of his long professional career. Trained by the best surgeon of the time, Dr. John C. Warren, he early proved himself a most expert anatomist and operator, and has for many years been identified with the great professional charities of Boston. At the present moment he holds a noteworthy pre-eminence, in that he is a member of the consulting staff of each of our great hospitals, the Massachusetts General, the City, and the Carney. He was the founder, and for many years the



president, of the Boylston Medical School, which so long competed in private instruction with the Tremont, and was finally discontinued only in consequence of the subsidizing of one or more of its teachers by Harvard University. He has repeatedly served as one of the Consulting Physicians of the city of Boston, and was formerly City Physician.

In private life, his influence has been as extensive. The most prominent freemason perhaps in New England, indeed considered in Massachusetts as the Nestor of the fraternity, his name goes down to posterity as the founder of the most energetic lodge in Boston, known by his own name.

Dr. Lewis has always disbelieved in the too great centralization of power, applying the same rule to the medical profession that governs, in this country, the rest of the community. It is not impossible that certain articles of his creed may at times manifest themselves in the pages of this Journal,—opposing, as he ever has done, the subordination of the mass of the profession to a few self-appointed rulers, the transmission of authority by these to their parasites, and the assumption of superiority by the metropolis in the distribution of State medical offices. He is no coward himself, and he cannot brook an unmanly fear in others. His intolerance of all that is mean and disingenuous may at times have led him to acts capable of misinterpretation; but such a fault, if it can be so called, has always been upon the right side. By the older men of the profession, Dr. Lewis' connection with the Journal will be none the less valued because he retains so much of the fire and progressive tendencies of his youth.

Dr. Lewis was born in Boston, July 8th, 1799, and is now in his seventieth year. He graduated at Harvard College in 1819, took his medical degree in 1822, fin-

ished his professional education in Paris and London, and commenced practice in Boston in 1825, forty-four years ago.

The second of the editors, Dr. STORER, is to many a riddle, and is accordingly variously judged by them, as scientific and expert, an enthusiast, an empiric, egotist, fool. Resembling Dr. Lewis in his vivacity, ardor, and general professional attainments, he has differed from him, in that from the moment of his graduation he has steadily kept a single object in view, namely, the building up in New England of a belief in and respect for the diseases of women.

This self-consecration was at first misunderstood. His early professional career was considered aggressive, and attempts were long made by those most interested in retaining mastery of the field, to eliminate from it the obnoxious competitor; the attacks made upon Dr. S. having at times been of the most unwarrantable and disgraceful character. They but served, however, to strengthen his purpose, and, as our business gives us excellent opportunities for knowing, the tide of professional sentiment long ago turned, and is now setting very strongly in his favor.

Compelled eight years since, by ill health, to exchange the general practice, in which he had been laboring an equal period, for the comparative leisure and comfort of a specialty, he was *dared* to do this, and was assured that the profession in New England would never tolerate in its ranks an avowed gynæcologist. The insult referred to accomplished what no money could have done, — it kept him at home. Accepting the challenge so defiantly made, refusing a kindly and attractive invitation to remove to New York, — the city of all others in this country that he thinks worth living and working in, and of all others the most to be proud of its medical



men, — he has remained, engaged in what from that moment has been to him a missionary work. Unmindful of personal advancement, careless of the abuse that has so unsparingly been heaped upon him, accepting seeming injury as ultimate gain, he has kept ever before him the development of what were to him great and living truths.

Still in the prime of life, Dr. S. is an indefatigable worker; and though he has always had a large and lucrative practice, he has yet found time to contribute much to the literature of the profession. A catalogue of a portion only of his publications, that was compiled last year by Messrs. Lee & Shepard, comprises the titles of over forty articles. From the remarkable opportunities of observation enjoyed by Dr. S., even while a very young man, and from the reputation he has already achieved, — for outside of a circle ten miles distant from Boston he has a host of professional friends, — we anticipate much advantage to the Journal from his connection with it.

Dr. Storer is now in his fortieth year, being the eldest son of a distinguished practitioner and medical teacher. Born in Boston, February 27th, 1830, he was a member of the Harvard Class of 1850; graduated in medicine in 1853, and in law in 1868, having studied the latter science that he might the more worthily lecture upon medical jurisprudence, which chair, as well as that of obstetrics, he held for several years in the Berkshire Medical College. He was a pupil of Agassiz, and Brown-Séguard, and for a year, after studying upon the Continent, he enjoyed the closest relations, as a private student, with Sir James Simpson, of Edinburgh, whose works he edited, while still with him, in conjunction with Dr. Priestley, now professor at King's College in London. So far as we can ascertain, Dr. S.

has been the first physician in America to give a complete collegiate course, of sixty lectures, upon the diseases of women as distinct from midwifery, and the first to impart systematic instruction upon the subject to classes of physicians. He was prize essayist and secretary of the American Medical Association in 1865, and vice-president in 1868. A member of the State Commission on Lunacy in 1863, and among the incorporators of the Massachusetts Infant Asylum, for foundlings, he has successively served as one of the physicians to the Lying-in Hospital, St. Joseph's (Catholic) Home, and St. Elizabeth's Hospital for Women, under the charge of the Sisters of St. Francis. With this latter institution he is still connected, and he is also one of the Consulting Surgeons to the Carney (general) Hospital, under the charge of the Sisters of Charity.

"An assistant instructor in the Harvard Medical School, he was dropped from his place in 1866, 'in order to do penance,' the faculty espousing a private quarrel into which he had been forced by three of his fellow-subordinates. This apparent disgrace he accounts the great good fortune of his life, for it couched his blindness as an alumnus of Harvard, to the arrogance, nepotism, and injustice of those claiming to control the profession in eastern New England." \*

It is not generally known that to Dr. Storer's decision and inflexibility of purpose the American Medical Association owes its escape, in 1865, from what would probably have proved its death-blow, a deep-laid and powerful conspiracy having been formed in Boston to prevent the meeting of the Association, at probably the most precarious period of its history.

\*We quote from the official Album of the Carney Hospital, to which we are also indebted for the outline of Dr. Lewis' life.

The third editor, Dr. BIXBY, is the youngest of the trio, having been but a dozen years in the profession. He has, however, some very excellent characteristics for the work he has assumed. South American by birth, European by education, and Western to a great extent in feeling, he escapes all imputation of provincialism, while his personal acquaintance with most of the continental gynæcologists of eminence, and thorough knowledge of the views that they entertain, have combined to prepare him to sit in judgment upon many questions of gynæcological interest.

Dr. Bixby was born in Surinam, Dutch Guiana, November 2d, 1838, his father having been a native of New Hampshire, and his mother of Surinam. He was a member of the class of 1858 at Williams College, attended one course of medical lectures in the Harvard School, and another at Woodstock, graduated at Hanover in 1857, and then spent five years in study abroad. His father's blood boiling in his veins, at the first news of the Rebellion he at once left Europe to offer his services to the government. Entering as a surgeon under the Sanitary Commission, he was soon promoted to the charge of the hospital boats of the navy department upon the Mississippi River, and there served with honor till the end of the war. He then settled for practice in St. Louis; but, suffering from the climate, he returned to Europe and devoted himself for another year to the study of gynæcology. In the belief that the time had come when the importance of the diseases of women was beginning to be recognized in New England, he has now decided to cast his lot in Boston.

Thus officered, the Journal of the Gynæcological Society cannot fail of success. Not being obstetrical, it will leave that department, Midwifery, as well as the Diseases of Children, to the excellent New York quar-



terly, which so well illustrates those branches of medicine, and being to a great extent official in its character, it will endeavor in no way to run counter to, or injure, the venerable weekly which has for so many years, from its very solitude, enjoyed the privilege of irresponsibility.

It will be our own aim to present to the profession a magazine that will yield the palm to none in the country for general typographical excellence.

J. C.

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## PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

FIRST REGULAR MEETING, HELD JANUARY 22d, 1869.\*

IN accordance with the desire of several medical men of Boston and its vicinity, who had previously consulted upon the subject, a meeting was held on January 22d, 1869, for the purpose of establishing a Gynæcological Society, — the first, so far as can be ascertained, of its kind in this country.

The meeting having been organized, Dr. H. R. Storer presented the arguments that had influenced the members to found the new Society. They were the following: —

1. That such a Society seems needed, in order to stimulate its members and the profession generally to a deeper sense of the importance of the diseases peculiar to women, and by the combination of individual effort to advance their knowledge of the causation, the pathology, and, still more, of the therapeutics of these lesions.

\*A portion of the Report of this first meeting was published in the "American Journal of Obstetrics" for February, 1869.

2. That it would do what can in no sense be just as well effected by other organizations already in existence. What is for everybody's interest is very apt to be done by no one. At a general medical and surgical society, there is not to be expected that intensity and focalization of scientific interest regarding special points, which are necessary to advance the confines of a comparatively new science, — a term that gynæcology must be confessed already to deserve.

3. That there can be no doubt that the special diseases of women comprise a vast variety of disturbances, direct and reflex, much of which is but partially understood or entirely unknown.

4. That these disturbances are of extreme importance, not merely to the individual sufferer, but with reference to her relations to her family and to society.

5. That their importance, their variety, and their frequency are but partially appreciated by the profession, and still less by the community.

6. That not merely is this statement true of great numbers of imperfectly educated physicians, but it is also true of many gentlemen of acknowledged skill as general practitioners, who have either lacked opportunity to perfect themselves in a knowledge of these diseases, or through an excessive conservatism have hesitated to acknowledge their existence.

7. That the marked advance of gynæcological science and art within the past twenty-five years gives reasonable promise of a still more rapid progress in time to come.

8. That so far from its being a disgrace to a physician to be interested in uterine diseases, it should rather be considered, if he is known to have been thoroughly educated in general practice, an honor. As with the diseases of special sense, the eye and the ear for instance, the diseases of the throat and the chest, and of



the mind, so here, all treatment must rest upon general principles; — and all methods of diagnosis, as all procedures of practice, not upon guesswork, but upon science and common sense.

9. That many of the great improvements that have been made have been American, — as the first successful performance of ovariectomy by McDowell; the suggestion of the rational treatment of vesico-vaginal fistula by Marion Sims; and of flexions of the uterus by Emmet. American gynecologists have already secured for this country a pre-eminent position in the world of science; it is for the members of this and kindred societies to make the position the more permanent.

10. And, were there no other reason, the fact that every man owes to woman for her love in his infancy, in his childhood, and in his manhood, a debt that no devotion can ever repay; — and when as physicians we reflect that her special diseases are manifold more in number, worse in severity, and more dangerous to physical and mental integrity, than any affliction we ourselves are called to suffer, we should offer no less a sacrifice to the other sex than a life's work.

These arguments were commented upon approvingly by the gentlemen present, and it was furthermore decided,

11. That as the diseases of women are in great measure capable of being discovered and demonstrated, the same degree of disgrace should attach to physicians prescribing at random for married women complaining of pelvic symptoms, as to those who would do this in the case of diseases of the throat or eye, or who unjustifiably lengthen a patient's treatment for the sake of a larger fee.

12. That as in attending upon childbed all impurity of thought, and even the mental appreciation of a differ-

ence in sex, are lost by the physician, and an imputation of them would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental and physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practise medicine and surgery, in any of their departments, with as much benefit to their patients or as successfully as men; and,

13. That as it is the duty of every searcher for truth to impart what he may find to his fellow-men, so it is incumbent upon the members of this Society to endeavor in every honorable way to exert an educative and persuasive influence upon the profession at large.

The following preamble was then signed by the members: —

The undersigned, desirous of advancing the study and treatment of the Diseases of Women, hereby associate themselves together with that intent, and adopt for their government the appended Constitution and By-Laws.

GEORGE H. BIXBY,  
SAMUEL L. DUTTON,  
H. M. FIELD, *Newton Corner*,  
WINSLOW LEWIS,  
JOHN C. SHARP,  
HORATIO R. STORER,  
LEVI F. WARNER,  
WILLIAM G. WHEELER, *Chelsea*.

After which, the Constitution and By-Laws, offered by Dr. Storer, and hereto appended, were discussed, article by article, and unanimously adopted.

#### CONSTITUTION.

1. NAME. — This Association shall be called THE GYNÆCOLOGICAL SOCIETY OF BOSTON.

2. OBJECTS. — The purpose of the Society shall be the advancement of Gynæcic Science and Art, and their due recognition both in Boston and throughout the country.

3. MEMBERS. — The members shall be graduates in medicine, in good professional standing, who have an interest in said Science and Art.

4. CODE OF ETHICS. — This Society recognizes the code of ethics of the American Medical Association as binding upon its members.

#### BY-LAWS.

1. ELECTION OF MEMBERS. — There shall be annually chosen a Committee on Membership, consisting of three.

Candidates must be nominated to the Committee on Membership by two members of the Society not thereon, and be by them recommended to the Society; the nomination thus made lying over until the succeeding meeting, and the names of the candidates being stated upon the notice issued by the Secretary.

A vote of three-fourths of the members present shall be requisite to an election.

The election shall be by ballot.

Active members shall reside in Boston or its immediate vicinity. Their number shall never exceed twenty-four; until six months after the foundation of the Society, they shall be limited to twelve.



Every member shall sign the Constitution and By-Laws.

Honorary Members may be chosen to the Society in the same manner as Active Members, as may also Corresponding Members. They must in all cases be known to be of good standing in the profession, and of eminence as gynæcologists. They shall enjoy all the privileges of Active Members, except voting and being eligible to office. They shall, if practicable, be furnished with a copy of the Constitution and By-Laws, and signify in writing their assent thereto.

2. OFFICERS.—The officers shall be a President, Secretary, and Treasurer; and their term of office shall be for one year, unless re-elected thereto.

The President shall conduct the meetings of the Society; in his absence the chair being filled by nomination.

The Secretary shall keep the minutes, carry out the intention of the Society in respect to its transactions, call its meetings, conduct its correspondence, and act as Librarian.

The Treasurer shall have charge of the Society's funds, and account to it therefor.

Election of officers shall take place at the annual meeting, and shall be by separate ballot.

3. MEETINGS.—The Society shall hold its meetings fortnightly, on the first and third Tuesday evenings of every month. Four members shall constitute a quorum. Notice of the time and place of meeting shall be sent to members by the Secretary.

The annual meeting shall be held on the first Tuesday of January, at 4 P. M.; at which time an address upon the previous year's progress in Gynæcology shall be delivered by the retiring President.

4. PROCEEDINGS.—The Proceedings of the Society

shall, after having been reported and accepted at the ensuing meeting, be published by the Secretary in some influential medical journal.

5. ORDER OF BUSINESS.—(1.) Reading the record of the previous meeting.

(2.) Reception of strangers.

(3.) Reading of the Secretary's correspondence.

(4.) Election of new members.

(5.) Report of Committee on Membership.

(6.) Exhibition of Instruments or Surgical Apparatus.

(7.) Exhibition of Pathological specimens.

(8.) Report of Committee upon Foreign Literature.

(Every fourth meeting.)

(9.) Written communications.

(10.) Verbal communications.

(11.) Incidental business.

6. VISITORS.—When notified of their election, Honorary and Corresponding Members shall be informed of the times of meeting, and formally invited thereto.

Every Active Member shall be privileged, in furtherance of the objects of the Society, to invite to each meeting one professional friend, for whose good standing he must vouch; and the Secretary may extend, in the name of the Society, a similar invitation for each meeting to twelve physicians,—in all instances preference being given to gentlemen who have not already been present.

Visitors shall register their names in a book kept for the purpose by the Secretary.

7. ASSESSMENTS.—An annual assessment of ten dollars shall be levied upon Active Members, for the purpose of carrying into execution the succeeding article. A failure to pay the assessment for two consecutive years shall entail a forfeiture of membership.

8. GYNÆCOLOGICAL LITERATURE.—The funds col-



lected by the Treasurer shall be employed as follows: One-third shall be used in defraying the necessary expenses of the Society, as for stationery, postage, etc., and the remaining two-thirds shall be spent under the direction of a committee of two, annually appointed for the purpose, for gynæcological journals and books, preference being given to those published in foreign languages and of most recent date, with the intent both of collecting a library of such works for reference, and of putting the members at the earliest possible moment in possession of knowledge otherwise not easily obtainable by them. The library thus acquired shall, in case the Society is ever dissolved, be presented in its name to the Public Library of the City of Boston.

It shall be the duty of the Library Committee to present to the Society, at every fourth meeting, an abstract of such gynæcological papers as may be contained in the journals published in foreign languages taken by the Society.

The Secretary shall have charge of the Society's library, and shall send to the members in turn each journal and book as received by him, subject to such restrictions as may be determined upon by the Library Committee.

9. **EXPULSION OF MEMBERS.**—For violation of its Code of Ethics, any member of the Society may be expelled by a three-fourths vote, due notice of the charges having been sent to each member, and opportunity being allowed to the alleged offender to clear himself.

10. **ALTERATION OF CONSTITUTION OR BY-LAWS.**—Propositions to amend or alter the Constitution or By-Laws must lie over for two successive meetings before they can be acted upon, and due notice of such propositions must have been given by the Secretary.

A vote of three-fourths of the members present shall

be requisite for an alteration of the Constitution, and of a majority of the members present shall be requisite for an alteration of the By-Laws.

The Society then proceeded to the choice of officers for the ensuing year. The following gentlemen were elected: —

PRESIDENT — Dr. Winslow Lewis.

SECRETARY — Dr. Horatio R. Storer.

TREASURER — Dr. G. H. Bixby.

COMMITTEE ON MEMBERSHIP — Drs. W. G. Wheeler, L. F. Warner, and S. L. Dutton.

COMMITTEE ON FOREIGN LITERATURE — Drs. J. C. Sharp and H. M. Field.

Dr. H. R. Storer presented to the Society a masked patient, concerning whom he desired advice, the case being one of

#### OBSTINATE EROTOMANIA.

The history was as follows: —

Age of the patient, fifty; American, unmarried, and from the country. Climacteric passed several years since; previous to which time, and subsequently, the general health has been good. At twenty-five, coitus was once indulged in with the overseer of a mill, at which many foreigners were employed, and upon the remembrance of this the patient has lived. The mental and physical condition are both peculiar. There is action and reaction, — and the question is to decide whether the brain here chiefly affects the genitals, the genitals the brain, or each the other. There has for many years existed a troublesome pruritus and a constant twitching of the clitoridal region, analogous, apparently, to that of the infra-orbital muscles occasionally noticed. These have been attended with an inordinate longing for the

other sex, and a frequent indulgence in masturbation. In addition to these appetites, under the circumstances not at all unusual, there exists a remarkable delusion. The patient thinks that a knowledge of her fault, committed so many years ago, has been communicated backwards and forwards among the Irish throughout the country, so that every man or woman of that nation whom she meets seems by word or by deed to be taunting her. If she hears an Irishman say to his comrade, "It's very hot to-day," she imagines that he applies the expression to her; if he says that "It's very cold," he is upbraiding her for an indifference that she endeavors in vain to attain. So that every person of the kind whom she meets, starts, through her morbid self-consciousness and remorse, the old disordered train of ideas, and these, reflexly and always, kindle the vulval congestion, which almost invariably culminates in orgasm.

Before the patient consulted Dr. S., her clitoris had been excised; no benefit being obtained. After the employment of every local sedative he could think of, borax, tobacco, morphia in lotion and by hypodermic injection, hydrocyanic acid, acetate of lead, the vapor of chloroform, etc., etc., and a corresponding appeal to antaphrodisiacs, exhibited by the mouth, as bromide of potassium up to an hundred-grain doses, etc., etc., without avail, Dr. Storer quieted the pruritus by superficial vesication with a saturated aqueous solution of carbolic acid. The muscular twitching still remained. There was no clitoris left to excise, even if Dr. S. had believed in the efficacy of Mr. Baker Brown's treatment, which, from its unsuccessful employment at his hands in other cases, he did not. He had resorted to an operation which might be a novel one: by passing, with a curved needle, ligatures beneath the crura clitoridis, and down against the pubic arch, at a distance from each other



of nearly half an inch, and allowing these to slough out, he had divided, so far as seemed possible, all nervous communication with the affected part. Relief, however, had been but partial. The actual cautery and cantharidal collodion had each given temporary quiet, but the symptoms returned. The vagina, urethra, and bladder had been carefully examined, but nothing abnormal could be found. The uterus seemed perfectly healthy, as small and supple as in a virgin who had passed the climacteric, and not at all displaced. To make assurance doubly sure, and to get, if possible, a reflex effect, the acid nitrate of mercury was applied without and within the uterine cervix. No clitoridal response of any kind was elicited.

The rectum was searched for ascarides, — none were found; some small hemorrhoids were excised, and the sphincter ani ruptured by forcible dilatation, but the twitching continued as badly as ever. The liver was appealed to in vain, and in vain had blisters been put behind the ears. In desperation, Dr. S. had jokingly said to the patient he believed he should have to sew up her vulva closely, and now here was the woman daily begging him to do so, or end her misery by putting an end to her existence. He had little doubt, from the history of the case, that the mental disturbance was in part, at any rate, of pelvic causation, however much the local irritation existing at present was dependent upon the former, and he had little faith that the ordinary moral treatment relied upon in insane asylums for female patients would do this woman any good. He had not as yet iced the spine, and was about inserting a seton in the nucha. He was loath to throw the case aside, if there were any reasonable ground of treatment remaining to be tried; he therefore appealed to the Society for aid.

Dr. Wheeler, after carefully examining the case, remarked that it was certainly a very unusual and interesting one. He had no doubt in his own mind that in very many instances of insanity in women a cure was possible, and could only be obtained by local treatment. In such a case as that now presented, this must necessarily be often empirical; yet, under the circumstances, such was both justifiable and advisable, and should be long persisted in.

Drs. Warner, Bixby, and Dutton had each seen the case with Dr. Storer, and had studied many details of the treatment.

Dr. Field stated that here we had an instance of the conflict, so often observed by physicians, between what is demanded by deference to public morality, and what seems required for a patient's health. If this woman could go masked as she is at the present moment to a house of prostitution, and spend every night for a fortnight at sexual hard labor, it might prove her salvation; such a course, however, the physician cannot advise. And so with masturbation. In a case like the present, its indulgence may be a means of getting temporary relief from a local fret, whose influence upon the mind, if not thus relieved, might prove more disastrous.

Dr. Sharp suggested the employment of galvanism, especially by faradization, and of an appeal in succession to the various regions of the spinal cord. These had not as yet been resorted to; it was possible their use might solve the problem.

The Society then adjourned.

SECOND REGULAR MEETING. JAN. 25th, 1869.

The Society met pursuant to adjournment on Monday, Jan. 25th, at 7-30 P. M., at Hotel Pelham; the



President, in the chair. Present, all the members of the Society, — Drs. Lewis, Wheeler, Sharp, Warner, Field, Dutton, Bixby, and H. R. Storer; and, by invitation, Drs. J. G. Pinkham, of Lynn, and E. A. Perkins, of Boston.

The records of the last meeting were read and accepted.

The President, Dr. Winslow Lewis, in a few well-chosen and eloquent remarks, thanked the Society for the honor they had conferred in selecting him as their presiding officer, expressed his conviction of the importance of the diseases of women, and the necessity of bringing them more forcibly to the attention of the profession, and promised to do all that he could to advance the interests of the Society.

A paper was then read by Dr. Pinkham, of Lynn, late Professor of Chemistry in the Berkshire Medical College, upon SCARIFICATION OF THE FUNDUS UTERI IN CHRONIC METRITIS AND ENDOMETRITIS.

Dr. Pinkham prefaced his paper by appropriate remarks, and exhibited and described the instruments for scarification of the uterine cavity hitherto devised.

To Dr. Miller's instrument there are evident objections. It is difficult to clean, is too flexible, has a knob upon it like those in the old-fashioned uterine sounds, and allows the knife to catch under the sheath as it is introduced and withdrawn.

"To Dr. Storer's instrument," continued Dr. P., "there are also objections, which I would state very cautiously in the presence of the inventor.

"1. The knife is liable to be dulled while it is being withdrawn.

"2. The tube is not uniform in size.

"3. It is not sufficiently stiff in its upper portion.

"4. It is rather difficult to put the instrument together without dulling the blade.

"This instrument is, however, in every respect far superior to Dr. Miller's, and in skilful hands undoubtedly subserves its purpose well.

"To the Pinkham Scarificator there are the advantages that it is stiff, easily cleaned, and can be used in puncturing the os in the ordinary scarification of the cervix. It was first described in the 'Boston Medical and Surgical Journal,' for June, 1868, since which time the instrument has been somewhat modified."

Dr. P. also exhibited the intra-uterine air-pump of Sir James Y. Simpson, which had only been used by its inventor for bringing on or increasing the menstrual flow when this was due, but which had been the first instrument used by Dr. Storer for producing a sanguineous flux during the menstrual interval.

The Secretary stated that he had lately received a request for his scarificator from one of the most celebrated gynæcologists of Europe, and that it had given him much gratification to learn that the first conception of the new principle of treatment and its application to practice were in reality American.

The thanks of the Society were voted to Dr. Pinkham for his very interesting communication.

Dr. H. R. Storer read a paper upon TWO NEW METHODS OF EXPLORING AND OPERATING UPON LESIONS OF THE FEMALE RECTUM.

"At the November meeting of the Suffolk District Medical Society, I took occasion to call the attention of the members to the fact that, by all the methods of diagnosis hitherto in use, exploration of the rectum was at best imperfect and unsatisfactory, and that the treatment of many of its lesions was, as usually conducted, empirical

and dangerous. Premising this, I described two methods, — one of them peculiarly applicable to the female, and both, so far as I am aware, original with myself, — simple, readily performed, and efficacious, by which all the affections of the lower rectum and many of those occupying the upper portion of the canal are brought into sight, their direct treatment rendered easy, and the possibility of accident or injury therein removed.

"To these methods I have also alluded in a series of papers I am now publishing in the *New York Obstetrical Journal* upon 'The Rectum in its Relations to Uterine Disease.' The importance of the subject, however, is so great, and the revolution these methods will probably effect in the diagnosis and treatment of rectal disease, and, indeed, of uterine diseases also, is so vast, that I need offer no apology for presenting to this Society, in somewhat different language, an already twice-told tale."

The methods hitherto employed in examining the rectum have been the following:—

1. Parting the lips of the anus from without.
2. Insertion of a straight probe, indicating conditions by the pain it produced.
3. Insertion of a hooked probe.
4. Insertion of the finger.
5. Eversion, by straining, purgatives, and relaxation by sitting over steam.
6. Torsion downwards of the walls, by a winged plug, forceps, tenaculum, stitch, and ligatures.
7. The use of specula ani (small, and without rupture of the sphincter), cylindrical, univalve (Mr. Colles' gorget), multivalve, fenestrated, and with an illuminating lens.

To these Dr. Storer had added,

8. Eversion by pressure from within the vagina; and



pointed out its novelty, instances of its efficacy for diagnosis, and instances of its efficacy for treatment, in cases of chancre, fistula, hemorrhoids, and polypus.

And, 9. The use of vaginal specula, after rupture of the sphincter ani.

Either the bivalve speculum of Cusco, a retractor, or his own instrument combining both these principles, might be employed. The rectum should be previously cleansed by an enema, and if diarrhœa were present, the upper portion of the canal might be plugged during the examination. He called attention to the advantage of this method of exploration and of operating in recto-vaginal fistula, permitting the insertion of stitches from the rectum, in cancer, and in urethro-rectal fistula in the male.

Dr. S. exhibited a masked patient, with hemorrhoids, external and internal, and a polypoid outgrowth above the unnaturally contractile sphincter ani, by which it was prevented from revealing itself to any of the usual methods of diagnosis, and showed how instantaneously, painlessly, and perfectly the diagnosis became possible by eversion of the rectum by pressure from within the vagina.

Dr. Wheeler, of Chelsea, reported a case of ABDOMINAL CANCER, WITH EXPLORATORY SECTION.

The patient had for some time exhibited general enlargement of the abdomen; with a localized tumor at the left of the median line. This had presented fluctuation, but in addition there was evident ascites. Without premonition there had been a sudden sensation of rupture, attended by disappearance of the lateral tumor some days previous to the operation. By the vagina the uterus was found surrounded by a deposit which rendered it nearly immovable and prevented investigation of



the tissues above the vaginal roof. The sound could be passed but little more than an inch, but the cervix uteri and the fundus, so far as it could be felt, presented nothing abnormal. Various opinions had been expressed as to the nature of the case previous to Dr. Wheeler's assuming its charge. He had called Drs. Thorndike and H. R. Storer in consultation, but they had refrained from committing themselves as to the diagnosis. He had also had the assistance of these gentlemen in making the exploratory section, which revealed the following conditions.

The brim of the pelvis was filled by cancerous outgrowths from both ilia. These had implicated the fundus uteri and the left ovary, which were in a state of extreme disorganization. Two or three large cysts, apparently filled with a straw-colored serum, sprang from the left broad ligament, and there were present the remains of another, the one which had previously collapsed. The peritoneal cavity was nearly filled with ascitic fluid. Under these circumstances, of course nothing could be done beyond discharging the free fluid contents, it being decided best to leave the cysts untouched. The wound was closed by metallic sutures and healed by first intention, the patient surviving the operation for several weeks. The section had been refused by the family of the patient, until she was apparently moribund.

Dr. H. R. Storer remarked that this was the first case of pelvic periosteal cancer he had yet had an opportunity of studying by exploratory abdominal section upon the living subject. The conditions were in many respects similar to those he had seen several years since in consultation with Dr. Burgess, of Dedham. In the case referred to, the patient, an elderly lady, was insane. The gluteal region upon one side presented a

large fluctuating tumor. An exploratory incision being made into this, revealed an extensive sac filled with fluid, into which there rose large dendritic outgrowths from the external surface of the ischium. Dr. Wheeler's case, in its history and its result, showed conclusively that exploratory sections of the abdomen, in cases which prove beyond aid by an operation, are yet of real advantage. They are not necessarily attended by an increase of danger, and may, as here, temporarily alleviate suffering. They, moreover, by settling the diagnosis, relieve the mind of the patient, her family, and the medical attendant, from the distressing anxiety lest some operative procedure might be left unresorted to, which delay till the post-mortem section so often proves well founded.

Dr. Storer reported another case of **EXPLORATORY SECTION**, illustrative of the remarks he had just made; several members of the Society, Drs. Wheeler, Dutton, Warner, and Bixby, as well as Dr. S. W. Langmaid, and Mr. F. G. Jordan, of St. John, N. B., medical student, having been present at the operation.

The case, so far as has been made out, is one of

**EXTRA-PERITONEAL TUMOR,**

the exact character of which is as yet unknown.

The patient is the mother of two children, the youngest being eight months old. Immediately after her second confinement, she noticed an enlargement in the right iliac fossa, which has since been steadily increasing; general health much enfeebled, and, of late, patient confined to bed. The tumor had been pronounced distinctly uterine; but Dr. S. could find no evidence of this, nor could Dr. Warner, who had seen the case in consultation. Right side of abdomen filled by a hard,

semi-fluctuating mass, elongated from above downwards, not movable, or very slightly so, by impulse in any direction. This mass could hardly be felt from within the vagina, while the sound showed the uterus of usual size and with independent motion. There had been no rigors or symptoms of sudden shock. It was thought that the tumor was possibly a multilocular ovarian cyst, though the opinion upon this point was reserved.

The operation was performed on January 24th. The introduction of a finger through the abdominal opening showed the uterus and right ovary of normal size and position, with the left one apparently concealed in a pocket composed by bands of adhesion, but at the bottom of the pelvis. The wound was now sufficiently enlarged to admit the passage of a hand, and very careful exploration was made by the gentlemen present. So far as could be judged, the tumor was external to the peritoneum, and the probabilities seemed in favor of its being renal, although the urine had never exhibited any abnormal condition. The wound having been closed by fifteen metallic sutures, an exploring trocar was passed into the tumor from without, to the depth of nearly three inches, without discharging any fluid, although suction was applied to the canula by the mouth.

The day after the operation the pulse reached 120. [Subsequently the pulse never rose above 100. There was a slight discharge of pus from the upper eighth of the wound, the remainder having healed by first intention. The patient has recovered without a bad symptom, and the tumor is very much smaller than before the operation.]

Dr. Bixby exhibited two forms of vaginal pessary, — the invention of Mr. Graily Hewitt, of London, — one of them, for anteversion, resembling in its outline a



distortion of Dr. Hodges' closed lever for retroversion, and the other an intra-uterine stem, hitherto unnamed, which Dr. Bixby, from its shape, suggested should be termed the padlock pessary.

The Society then adjourned.

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## THE NECESSITY OF ASSOCIATING CONSTITUTIONAL MEDICATION WITH TOPICAL APPLICATIONS IN THE TREATMENT OF UTERINE DISEASE.

BY HENRY M. FIELD.

[*Read before the Society, May 18, 1869.*]

I WOULD not say that in the treatment of uterine diseases and displacements, constitutional medication should not be secondary and subordinated to local treatment; and yet I am convinced that we frequently encounter cases in which uterine disease is the only organic disease presented, but in which this condition has existed so long, and has become so complicated with general functional disturbance, that the best-advised topical treatment will not be successful, completely and permanently, unless associated with the use of remedies calculated to remove the disorders of the general system. We are seldom called to treat a case of uterine difficulty which has not already existed for some time. The sufferer, quite likely, long suspects the nature of her malady, and yet delays to resort to the only effective measures for a cure, deluding herself with the hope that relief will come of itself after a while, until she is,



at last, driven by the urgency and hopeless persistency of her sufferings to seek medical advice; and this only after months, and not infrequently years, have elapsed since she experienced the first symptoms of her disorder. Or, if she earlier seek the counsel of a physician, she very probably falls into the hands of one who is ignorant of, or who ignores altogether, the class of diseases to which her affection belongs; and who, with a false diagnosis, or with no diagnosis at all, attempts to palliate or remove the more prominent symptoms presented, amusing his patient for a while, until his own ingenuity or her confidence in his supposed skill is entirely exhausted. Uterine diseases, in their inception and progress, are seldom of so acute a nature as, perforce, to drive the patient to adopt measures of relief; and, restrained at first, quite likely by a false delicacy, from communicating her condition to one who might help her, she becomes, after a time, familiar with her constant distress, and resigned to it as to what pertains to a second nature.

For such and similar reasons, we are seldom called to prescribe for a subject of uterine difficulty in whom that difficulty has not been already, for some time, established. By this, the whole system is in such disorder that it is not strange that the old physicians, destitute of the knowledge and the means of information of the present day, expressed the condition in vague and remote terms suggestive of obscure disease of a portion of, or the entire nervous system; and that those of the present day, who are not familiar with female diseases, should overlook altogether the actual seat and original source of the trouble.

Let us consider for a moment the state of a patient, when first she consults us, in whom any one of the more common forms of uterine disease has existed for a con-

siderable time. And, first, in a representative case, *we do not find organic complications*; there is not actual structural lesion of any other organ than of that whose diseased condition has led the patient to come to us for help. And yet there is no class of patients to whom the term *invalid*, in its full force, may be more properly applied. Probably not one of the more important functions is performed in a perfectly healthy manner; and the operation of certain of them, upon the healthful and regular performance of which the comfort of the patient directly depends, is very seriously impaired. "The whole head is sick, and the whole heart faint." With only passing allusion to the long-continued constipation and the multiform manifestations of indigestion, which these subjects present, there is the consequent change in the quality of the blood, of as real and material a nature as is a structural lesion itself; and there is the no less imminent and phenomenal depravation, in energy and health, of the entire nervous system; and we have, moreover, what is not always thought of, and the exact effects of tendencies of which are not fully understood, — the dispiriting, demoralizing and devitalizing influence of the long-continued suffering of persistent and unalleviated pain.\*

In the case supposed, and which I desire should be a typical case, as, for instance, a subject presenting cervicitis, endometritis, induration of tissue with general engorgement of the womb, complicated perhaps with some displacement, — undoubtedly the uterine disease is the original and procuring cause of all the patient's sufferings, — the fountain and the origin of all the evils

\* Since preparing this paper, I have come across the following passage in reading Trousseau: "Le rôle que joue la douleur dans les maladies est plus important que beaucoup de pathologistes ne le pensent. A lui tout seul, l'élément douleur est une cause puissante de maladie; en combattant, en détruisant cet élément, on fait cesser souvent les accidents les plus graves."

which the case presents; pains, disabilities, and irregularities local and general; and yet to take sole cognizance of the uterine disease, in diagnosis and treatment, on the maxim so familiar and so often acted upon in medicine, to wit, "If the cause be removed, the effect will follow," — without special reference to the more remote and functional complications of the case, would be as unphilosophical as it would be narrow and unfortunate in practice. For, firstly and theoretically, the uterine lesion, if it have existed for some time before it is brought to our notice, although it was the original cause, is not, at present, the sole and efficient cause of the patient's condition, but also the depraved state of the blood and of the nervous system and the many forms of functional derangement which complicate the case; and, moreover, secondly and practically, we cannot hope successfully to compete with even a local inflammation, or to restore a single diseased organ to a normal and healthful condition, so long as the blood is seriously impaired in its quality, and the more important functions of animal life are depraved or disordered.

Nevertheless, I suspect that there is a too general tendency, in uterine therapeutics, to trust solely, or nearly so, to the employment of local medication. This was certainly, at one time, a fault of my own; and although I cannot claim a very extended observation, still my experience has more recently included cases which have abundantly satisfied me of the frequent fallacy and ineffectiveness of such practice. I cannot, perhaps, better illustrate the position, which is the object of this paper to set forth, than by first referring to instances of serious derangement of special function complicating uterine disease. This I can most briefly do by extracts from my reports of patients whom I have had under my care.



There are occasional cases which gladden the heart of every physician, and, perhaps, for the time, do much to restore his faltering faith in the efficacy and beneficence of medicine, where the cure of our patient presents the logical sequence of and demonstrates unquestionably the *propter hoc*. This the following case illustrates, which I cite in order to recognize the fact that there are, now and then, striking exceptions to what I believe to be the rule, that disease and irregularity of function, associated with disease of the womb, require constitutional treatment.

Mrs. N., a lady thirty-five years of age, sought my advice, on account of a uterine difficulty, from which she had suffered for several years. More than a year had elapsed since she had received any treatment, to which at one time she had submitted, for several months together, in a distant part of the country, but without receiving any apparent benefit. The case, on examination, proved to be one of retroflexion, with the usual uterine inflammation, but with less than the usual engorgement and tenderness of the womb. Among the associated derangements of special function was very obstinate and troublesome constipation, from which the patient had suffered for a long time. In my treatment of this case of uterine difficulty, I confined myself to the use of topical remedies. The patient was under my care more than two years ago. My patient did remarkably well, the case seemed to progress with every application which I made, and, after a brief period, with the improvement in the state and position of the womb, the torpidity of the bowels began to yield, and they became, after a time, entirely and constantly regular. In this patient, although the uterine difficulty had existed long enough to have caused a much more unyielding state of constipation, as well as one more complex in its



causation, the constipation, as the cure demonstrated, depended upon the mechanical obstacle imposed upon the bowel by the flexed and engorged uterus. Cases like this, which I believe to be exceptional, are, as I have said, *striking* when they do occur; and they serve to show how tolerant is Nature, at times and in certain constitutions, of interference with one of her more important functions, — who, as soon as the obstacle is removed, will resume her operations in perfect health and regularity, without asking further aid than the removal of the obstacle and cause of interruption. Complicating constipation is seldom, in my experience, cured in so ready a manner. Its more or less long continuance has produced too profound an impression, and extended in its influence, to the procuring of other abnormal conditions of the economy, which are, in their turn, by acting reflexly, concerned in keeping it up, for it to be permanently and effectually removed by the removal only of the first, although it be the principal, cause, in the series of causes which produced it. Many of these cases, of course, are essentially cases of insufficient innervation, and the use of *nux vomica* or *strychnia* is indicated; but, at times, the entire system is so perverted or overwhelmed by the reaction upon it of the uterine disease, that a therapeusis, as broad in its application as are the indications of a state of universal ill-health, will be required before we can expect the return of health and regularity to so important a function as that of the bowels. Such are those cases in which the nervous system has especially suffered from the effects of the uterine lesion; and such, even more markedly, in which the quality of the blood has become very much depraved. With such patients, to give *strychnia* or *belladonna*, with the design of acting specifically upon a single function, and of restoring a condition of perma-

ment health to the bowels, would be almost as short-sighted, and almost as much of a temporary expedient, as it would be to give purgatives. The impoverished blood must first be fortified and enriched before we can look for the normal performance of any important function; and, accordingly, there are patients, answering the condition described, in whom a course of iron, properly regulated, may be the only general therapeutic agent that is necessary to overcome and cure constipation, which could not be reached in any other way.

In some of my uterine cases I have found arsenic, and especially the arseniate of iron, very effective in removing constipation, and I have sometimes received benefit from this agent when I have failed to make a successful impression with any of the more commonly used remedies; but of this I wish to speak further on. With regard to the use of iron, let me add, in the more rare cases in which it is indicated, as well as in the broad range of female difficulties in which the use of iron is required, I have frequently been much pleased with the action of the oxalate of iron, a preparation which was first brought to my notice by my friend Prof. Craig, of the Smithsonian Institute. Being a light and tasteless powder, with nothing repulsive in its appearance, it can be exhibited in that form to those occasional patients who are unable to swallow a pill. I have been led to value this preparation, however, as having proved, in my experience, less liable to cause irritation or derangement of the stomach, or constipation of the bowels, where this common effect of ferruginous preparations is to be avoided, than is any other form of iron with which I am familiar; and, in several instances, it has agreed with and benefited patients, who, from past experience, believed themselves unable to take iron in any form.

Among the special forms of functional complication



attending uterine disease are disorders of the bladder. This condition I can best illustrate by reporting a case.

Mrs. S., a lady about thirty years of age, consulted me for a supposed urinary difficulty, from which she had suffered for a number of months, and which had latterly become well-nigh intolerable. She complained of an almost constant desire to pass water, and very frequent need of passing it, the act of micturition affording only temporary relief, until the urgent return of the desire required a repetition of the act. The passage of the water, moreover, frequently gave her intense pain. She had consulted several physicians, who had prescribed the usual remedies, with but slight and temporary relief, however. When she first called upon me, I found her thoroughly discouraged and well-nigh worn out, especially with want of sleep, from the frequent calls of nature during the night. On questioning her, it appeared that there was good reason to suspect the existence of uterine difficulty; and this an examination soon declared. The speculum revealed cervicitis, with extreme injection and engorgement of the neck of the womb, which, moreover, pressed hard against the superior wall of the vagina. The local treatment necessary for this condition of the womb produced an immediate and decided impression upon the bladder; still this relief was more marked at first than it was afterwards; and, as weeks passed away and the womb was still improving under the local treatment employed, yet much of the vesical irritation remained, the patient at times suffering great annoyance and pain. Relieved, or temporarily removed, by the applications which I made, the difficulty would have partially returned as the week came around and the time appointed for another application; while the interruption which the menstrual period occasioned produced quite a relapse. I had, of course, all along had my patient

under a liberal diet, but I now decided to employ constitutional medication, and accordingly prescribed, first, arsenic, and then arseniate of iron; and bromide of potassium for a more local effect. Under this treatment the irritation of the bladder yielded rapidly until it had entirely passed away, while my local applications also accomplished more, a new impetus being given to the cure of the uterine disease. The constitutional remedies employed were not used continuously, but at intervals during the progress of the case, as they seemed to be required. At certain times during the past year, since the cure of the patient, when the old trouble has threatened to return, as a result of taking cold, of over-exertion, or whatever, a course of the bromide for a short time has been sufficient to control it, although this remedy had proved useless, in common with all others, before the local treatment was undertaken.

In this case the effect of the constitutional medication was as evident upon the disease of the womb as it was in assisting to remove the urinary irritation; and this illustrates what I have observed, even more strikingly, in certain other cases.

I have thus urged the employment of conjoined constitutional medication in our treatment of uterine diseases, as required, for two principal reasons: First, on account of disturbances or derangements of special functions, with, or without, a state of general ill-health on the part of the patient; and, second, for the favorable reaction of such medication upon the womb itself. This latter division, perhaps the more important part of the subject, it was my intention to develop in brief terms, but I have decided to leave it for some future occasion, when I may present it as a sequel to what I have thus far written.



## THE FREQUENCY AND CAUSATION OF UTERINE DISEASE IN AMERICA.

BY HORATIO R. STORER.

[*Read before the Society May 4, 1869.*]

As the first step in what may prove a lengthened journey, replete, let us hope, throughout with interest and profit, it will be well for us briefly to discuss together the Frequency and Causation of Uterine Disease in America.

There are honest men in our profession who deny the frequency of uterine disease. Having eyes they see not, and even if they saw, they could not understand; this being from no wilful fault of their own, but in consequence of defective training or erroneous methods of observation. There are others, equally honest in their purpose, who are deterred from making the necessary investigation, from a twofold timidity: fear of the ridicule of their fellows, and of being misunderstood by their patients. There are others still, who, from jealousy, natural incompetency, the love of mischief, or ingrained malice, would keep from the laborer his most satisfying recompense, by stigmatizing the records of his cases as false or overdrawn, and as imaginary the diseases that they represent.

It is for the honest sceptic, for the still incredulous general practitioner, of whom the number is constantly growing less, that we now write. No information upon the subject is required by those whose duties lie more particularly among women. The evidence of statistics is not worth much, since pelvic examinations are seldom made during life, or after death, of perfectly healthy women, or those who in reality consider themselves such; but we venture no risk when we assert

that the frequency of uterine disease — and by this we mean noteworthy and important uterine disease — is greatly underrated. Probably two out of every three women in New England require occasional treatment. Pelvic disease in women covers a range of lesions vast in number and of very differing character. Identical symptoms may represent diseases intensely divergent. Antagonistic symptoms may represent an identity of disease. Graily Hewitt well has it, that the uterus has a life of its own, to a great extent independent of, while it so strongly controls, the life, mental and physical, of the woman who carries it within her. A hundred cases side by side, and no two of them identical: such is the experience of every gynæcologist. During the sixteen years since we graduated in medicine, we have never once prescribed for a married woman with any, the slightest, pelvic symptoms, — and this is what perhaps no other man living can say, — without a careful digital examination; and while in a small proportion of cases we have found so healthful a local condition that we were able to dismiss the pelvic region from all participation in treatment, in scores upon scores of other cases, where not the slightest suspicion had existed on the part of the patient that there was here any cause for anxiety, we have detected the grave, effective, and real exciting cause of the distant or apparently constitutional disorder previously recognized. It is a great mistake to suppose that the presence or character of every form of uterine disease can be determined from its symptoms, or that such are always present when the disease exists. We have repeatedly found cancer of the womb in its advanced stages, when there had never been lancinating pain, metrorrhagia, or foetid discharge. Yet one or all of these are generally supposed necessary to the presence of malignant disease. We may have

displacements sufficient to produce sterility, and yet apparently perfect health; the mammary clavius hystericus, reflex in its causation, mistaken for cardiac disease; the most profound melancholy, supposed of religious origin, sending a patient to an insane asylum perhaps, when it is all owing to a pruritus vulvæ dependent upon ascarides, but which the patient supposes a device of Satan for ensnaring through sexual desire her soul; just as we have known a married woman, who had indulged in self-abuse during the temporary absence of her husband for a week or two, commit suicide a few moments afterwards from remorse. We constantly see pelvic cellulitis mistaken for intestinal inflammation, uterine fibroids for impacted scybala, and vaginismus for sexual apathy, simply for the reason that the necessary measure of physical examination had not been resorted to, — to neglect which in affections of any other part of the body would be by every ordinarily good physician pronounced malpractice. In advocating tactile exploration before essaying even medical treatment in cases that are probably pelvic in character, it will be noticed that we advise it, unreservedly, for married women. For the unmarried, on the other hand, it should be reserved for cases whose pelvic character is evident, or where ordinary treatment has failed. To this point we shall return on another occasion. If no local disease is found, a load of anxiety is lifted from both the physician and patient. If it is found to be present, doubt has been removed and the treatment is made decisive. These are matters purely of common sense. Thoughts of sex are the last that enter a pure mind when invalidism is present, and the more sensibly practical the physician, the greater his success and the more sure his reputation.

It is strange that young men complain that our pro-



fession is more than full, when there is everywhere, in city and country alike, a wealth of legitimate and lucrative employment as yet almost unopened, awaiting the zeal of the special worker, and the surest key, for him who desires to use it, to the best general family practice.

Granting that uterine disease is more frequent than has been supposed, — for he who seeks cannot but find, — many are yet puzzled as to its causation, — and these not merely mothers who do not readily understand how young girls can so often become the subjects of displacements and endometritis, but physicians, who see in it all, as Dr. Nathan Allen, of Lowell, has done, a proof that our women are degenerating into barren shadows of their former selves, — physically unable to become the mothers of men.\* Such a view we ourselves consider mistaken, and at some future time occasion may be taken to show that women are just as fruitful, provided they let themselves be so, as were the dames of a bygone age.

A great deal has been written about the causes of what has been termed the physical decline of American women, — an expression that conveys a false idea. We acknowledge the frequency, both positive and comparative, of ill-health among our women, but believe that a large portion of this is remediable, provided its causation were properly understood.

Some of the elements in this computation have been fully appreciated, — such as the effects of parturition, over-lactation, unbridled sexual indulgence, undue mental and moral excitement, exposure to chill during menstruation, violent or prolonged muscular efforts, over-fatigue, excessive or unequal pressure from the clothing

\* "The Law of Human Increase." *Quarterly Journal of Psychological Medicine*, April, 1868.



or from apparatus resorted to as remedial, and irritation from disordered function or abuse of other organs, as violent retching, excessive constipation, or retention of urine, all of which have been so dwelt upon by Hodge.

The same is true of the additional causes pointed out, — perhaps more pointedly than by any one else, — by Charles Fayette Taylor, of New York, in his paper in the Transactions of the N. Y. State Medical Society for 1864, upon the “Causes of Back Ache among American Women,” prominent among which he has placed a disproportionate development of the nervous as compared with the muscular system, the result of an over-stimulating climate, over-stimulating schools, and an over-stimulating social atmosphere, prematurely entered. Increasing the ill conditions thus begun, come the influence of constrained and faulty positions long continued, whether standing, sitting, or recumbent, the use of high-heeled shoes, and of faulty leverage in dress, in addition to the faulty pressure therefrom already pointed out; while beyond this, and by no means least, there lie the reflex and sympathetic disturbances of the nervous system, produced by anterior, posterior, and downward pressure upon the pelvic plexuses, from displacements or hypertrophies of the pelvic organs or outgrowths from them.

Other observers still, have attributed much of the infirmity observed, to the domestic appliances of modern civilization; as the tier upon tier of lofty staircases characteristic of our city palaces, the furnace heat, heavily charged with gaseous poison, which makes of the dwelling a forcing-house, devoid generally of the great essentials of such, namely, sunshine and moisture, and the so universal barbarities in diet, only excelled by the haste with which the vile meals are swallowed. A craving for over-medication or too active or constant medical

treatment is no unnatural consequence, and there can be no doubt that many of the means taken to cure disease in reality induces it or gives rise to worse; such, for instance, as indiscriminate and careless resort to sea-bathing, mineral springs, electro-galvanism, and calisthenics. Inheritance plays, too, its part, and just as the taint of twin births often descends from parent to child, so, no doubt, does a tendency to many forms of uterine and ovarian disease.

The sewing machine, that compound of blessing and curse to woman, adds to the list of influences causative of disease, not only acting in several of the ways suggested, by the long-continued and constrained position, and fatiguing of the pelvic muscles, but in another, not generally sufficiently appreciated, by which a mental and dangerous disquietude is originated and enhanced by the vulvala uto-stupration.

There are causes, however, beyond and above these, recognized a part of them by a few who have seldom dared to breathe above a whisper what they yet know to exist. Several of them have been referred to by Dr. A. K. Gardner, of New York, in an article remarkable for the boldness with which it was presented to the community and the plain language employed.\* Every word of the following extracts the members of this Society will recognize to be true. He is first speaking of the diseases of women resulting from criminal abortion:—

“The health of the mother suffers materially from the violence done her system, and from the shock to her nervous sense. Whether it is effected by powerful drugs, or by mechanical and instrumental interference, the result is deleterious to the animal economy. The organs are often seriously lacerated, punctured, irritated or inflamed, producing temporary disease, which

\* Knickerbocker Magazine, January, 1860.

threatens, and not unfrequently, destroys life, and also when apparently cured, leaves the organs cicatrized, contracted, maimed, in distorted shapes and unnatural positions, in a state of subacute inflammation or chronic congestion, for all after years a source of pain and weakness, and a fruitful origin of neuralgias, disabilities, and miseries. Be assured this is no exaggeration, for we cannot recall to mind an individual who has been guilty of this crime (for it must be called a crime under every aspect), who has not suffered for many years afterward in consequence, and when the health is finally restored, the freshness of life is gone, and the vigor of mind and energy of body have forever departed. Languor and listlessness have become a second nature by habit."

What is true of the premature arrestment of pregnancy applies with equal force to the effect of measures for its prevention. Upon this point Dr. Gardner is equally direct in his remarks.

"An overweening desire for luxury," he says, "for dress, fashion, or from simple indolence, sometimes from a desire, which may be laudable, not to produce children to inherit constitutional diseases, induces many to take various precautionary measures against conception. We have heard clergymen state 'that a man should control the size of his family, as much as a farmer his flock, and that he should not have a larger stock than he can house and feed; that this was in the power of every one; that the mind was given to control the appetite; that the lower classes were overrunning with children, and the poorer the parents the more prolific they became.' Yes, and the more healthy and vigorous. It is these women who do not pretend to guide the course of events, or make the laws of nature conform to their wishes, who are in health and actually



doing the work of the world, while the wise in their own conceit are sufferers, invalids, and useless. The laws of nature and the necessities of our existence, implanted by an overruling Providence, cannot be contravened without detriment to the system. Local congestion, nervous affections and debilities are the direct and indisputable result of the *coitus imperfecti*, *tegumenta extaria*, *ablutiones gelidæ*, *infusiones astringentes*, etc., so commonly employed by the community, who are so ignorant on all these matters, and who are in fact substituting for one imaginary difficulty in prospect, a host of 'ills that will leave no rest or comfort to be found.' ”

The same unsparing hand points to the frequency and evil consequences of self-abuse in women, which is, as we ourselves have elsewhere shown,\* while itself often the sympathetic result of some neighboring physical excitation, and so not a vice, yet an important element in the causation of other local disease. Unattended by the exhaustive discharges accompanying the habit in the male, it induces nervous irritation rather than prostration, attaining often an intensity of indulgence undreamed of by anxious friends or the attending physician.

We have not referred to the influence, whether direct or by inheritance, of the various forms of specific disease, for their frequency and their virulence in the female are far less with us than many alarmists would fain represent, — less there is reason to believe than obtains abroad.

Beyond and above all that has been said, it must not be forgotten that while, through the influence of the introduction of anæsthesia and the progress of obstetrical science, the pangs and perils of parturition have been

\* Western Journal of Medicine, August, 1867.

lessened, and the chance also of its subsequent evils, as vesico-vaginal fistula, crural, and other embolism, and pelvic parametritis, and while an increasing self-control in the masses has practically subjected Venus to Minerva, and while the restlessness of the age has endeavored to introduce into public and private life a third sex, that of masculine women, there are causes still, effective in inducing ill-health in our women, which have been only indicated, and never as yet carefully studied. Such are long betrothals, attended as they so often are by hope realized and yet deferred, for the physiology taught in our schools gives the knowledge that illicit intercourse may at certain times be indulged in almost with impunity, so far at least as concerns discovery; the too prevalent custom of avoiding lactation, lest it interfere with the requirements of fashion, and the fact, a very important one in this connection, that, thanks to improvements in sanitary science, the sickly children that in former times used to die in infancy are now many of them raised. The delicate girls that at puberty were mown down by phthisis as grass before the scythe, now many of them live to become wives and mothers, in their turn begetting frail and invalid offspring.

We do not believe with Gardner and Gaillard Thomas that the healthy woman is the physical equal of the man in all and every respect, — the motto of our Society, so wise and so truthful, expresses the converse of this, — but we do believe that, while a host of pelvic aches and ills have grown into existence as the result of a change from the age of Force to that of Reason, there were in the old times behind us, that we are wrongly taught were golden, deaths without number from pelvic causes unsuspected, ovarian dropsies supposed ascitic, uterine hypertrophies, outgrowths and

degenerations misnamed affections of the liver, and all sorts of disease from oversight or neglect by the physician, special in their causation, and wrongly designated as by the providence of God.

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## BROMIDE OF IODINE AS A THERAPEUTIC AGENT IN UTERINE DISEASE.

BY H. GEROULD, MASSILLON, OHIO.

[*Read before the Society, April 20, 1869.*]

I HAVE been unable to procure the chemical analysis of, or any work whatever treating upon, Bromide of Iodine, and can only testify to its superiority over any other remedy I have used as a local application.

About one year and a half ago, my friend Dr. M. C. Talbott, of Warren, Pa., handed me some Bromide of Iodine, requesting me to use it in my practice; Dr. T. claiming more important results from its use, than from any other remedy in his possession, in the treatment of uterine diseases.

That it is not a remedy in general use I am confident, from the difficulty with which it is obtained.

In cold weather the Bromide of Iodine is about the consistence of *confectio rosarum*; when warmed it becomes liquid.

When we consider the character of Bromine and Iodine, and the variety of uses in which they are employed as separate agents, we can have but little doubt, except there be good reason to the contrary, that by uniting them, their combined action will be much increased.

Derived from the animal, vegetable, and mineral



kingdoms, and in several instances existing in nature in the same animal or vegetable growth, there seems to be a perfect chemical affinity, as there is an increased medicinal action, in their combination.

Bromine has been successfully employed in bronchocele, scrofulous tumors, ulcers, amenorrhœa, chronic diseases of the skin, and various hypertrophies. Iodine, in bronchocele, in enlargements of the liver, spleen, testes, uterus, mammæ, etc. It operates as a general excitant of the vital actions, but particularly of the absorbents and glandular system. As a general rule, iodine does not affect healthy glands, but acts upon morbid material, as in enlargements and thickenings. Bromide of Iodine would therefore act by stimulating the lymphatic system, and promoting absorption.

For local use the following formula I have found most suitable: Bromide of Iodine, part i., Glycerine, parts vi. The following are among the uterine diseases it seems to benefit: chronic endometritis, enlarged, congested, or flabby conditions of the cervix uteri, and tumors, wherever it is possible to make a local application to them. To the fundus and cervix uteri, I repeat every fifth or seventh day; to tumors every second or third day.

To the enlarged or elongated cervix, I make external applications; especially do I adopt this method of applying remedies where there is much tenderness. Where the fundus and cervix are very sensitive and painful, I limit for a time all treatment of a local character to the external cervix and vagina where the fundus by abnormal position rests upon it. I have no doubt much pain and suffering may be saved to the patient, and the recovery hastened, by this treatment.

Aside from uterine diseases, I have found Bromide

of Iodine useful in allaying inflammations of a local character.

I am now employing it, with the steam atomizer of Codman & Shurtleff, for bronchial and pulmonary difficulties, with very favorable results.

The following cases were principally treated by the use of this remedy: —

CASE I. — Mrs. H., widow, aged forty-six, the mother of three children, the youngest twenty-one years of age, had for more than twenty years suffered, as was supposed, from disease of the heart. She not unfrequently fell on the street, in church, or wherever she was, on becoming fatigued or excited. I first saw her in November, 1867. I found the cervix enlarged, elongated, and the os patulous, the fundus anteflexed, its walls thickened, and very sensitive. The local treatment consisted largely of Bromide of Iodine, and crude (unrefined petroleum) Mecca oil. The constitutional treatment was as follows: —

R. Pyrophosphate of Iron,  
Bromide of Potassium, aa ʒ ss.  
Aquæ ʒ vi. m.  
A teaspoonful, three times a day.

The patient improved rapidly until the second month, when she was attacked with hepatitis, which confined her to the bed for several weeks, reducing her strength and interrupting all uterine treatment. A few weeks later this was followed by nephritis. Sudden exposure to cold was the cause of the first, and a drive in the country produced the second. Notwithstanding these interruptions the patient fully recovered. In a few months all symptoms of heart disease disappeared, and her life became a pleasure instead of a burden.

CASE II. — Mrs. P., aged forty-seven, the mother of two children, had had hemiplegia for two years. She had gained the partial use of the left lower extremity, but had no control over the left arm. She had been treated by many physicians. A vaginal examination revealed a tumor two inches in diameter, attached to the anterior wall of the cervix. To the touch this was firm and unyielding, yet tender. The neck of the uterus was much enlarged and elongated, the os opening backward by the tumor, extending down the anterior wall of the cervix. The introduction of the sound nearly threw the patient into convulsions, so great was the pain, not from the tumor, but of the fundus, which was anteverted. This patient had taken large quantities of medicine and refused to take more; hence the entire treatment consisted in local applications. For the first six weeks I did not attempt to treat the cavity of the cervix or fundus, but used the Bromide of Iodine freely to the external cervix, repeating it every fifth day. At the end of the sixth week I began the use of Bromide of Iodine to the internal uterus.

At the end of the fifth month the tumor had disappeared, all tenderness was removed, and the uterus restored to its normal condition. A few months later she obtained partial use of the left arm and hand. This, however, was under the treatment of another physician.

CASE III. — Mrs. K., married, aged forty-three. At twenty-two she suffered from congestive chills, caused by malaria, which recurred at intervals for eighteen years. At twenty-eight she married, and became pregnant for the first time in six years thereafter. At the fifth month of gestation, abortion was unintentionally caused by riding over a rough road. Three months after the abortion the abdomen began to enlarge, the



menses diminished in quantity, and were accompanied by dysmenorrhœa. The breasts increased in size, and this was followed by nausea and vomiting. Although the symptoms were those of pregnancy, there were reasons for believing that such was not the case. In some three months after the enlargement commenced, the case passed into the hands of a professor of no mean pretensions, who had been connected with almost every school of practice in the country. A cure was promised in three months. After nine months had passed, and the tumor was rapidly increasing in size, the professor pronounced it a cancer, and said that death must ensue in a short time.

I was again solicited to take the case, and by my request Prof. John Delamater, of Cleveland, Ohio, was called in consultation. He unhesitatingly pronounced it a fibroid tumor, or rather two tumors, one on either side of the uterus.

His treatment consisted of vegetable tonics, with the internal and external use of tincture of iodine. This was continued for a year, with marked improvement in the general health of the patient, although the tumors steadily increased in size.

A return of congestive chills, with congestion of the liver, followed by chronic gastritis, indigestion, pain in the uterine region, restless and sleepless nights, marked the progress of the case for the next two or three years.

The tumors continued to enlarge until within the last year, and had attained a diameter of eight and a half to nine inches. At this measurement the patient was thin in flesh, the tumors sensitive to the touch, and the catamenia were accompanied with dysmenorrhœa.

About one year since, I recommended the use of Mecca oil over the entire abdomen. This relieved the great pressure and tenderness. In a short time I began the

use of Bromide of Iodine to the external abdomen, and also to the cervix, and where the tumors pressed against the vagina, repeating it externally every second or third day, and every sixth day to the cervix and vagina.

The general appearance of the patient has entirely changed. She now enjoys good health and has become quite fleshy. The tumors indicate no tenderness on pressure, the dysmenorrhœa has disappeared, and, although the abdominal parietes are much thickened, the tumors at the present time measure but five inches in diameter. For eight years the patient had had her dresses enlarged, although thin in flesh. For the last year her dresses have been made smaller, although she has been quite fleshy.

In this case there can be no doubt as to the character of the tumors, and, although not entirely gone, they have diminished more than one-half in one year, and I confidently expect them to be wholly removed by the use of Bromide of Iodine.

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## EDITORIAL NOTES.

GYNÆCOLOGY, as we intimated in our Salutatory, is not to be confounded with Obstetrics, which term the usage of the time is fast confining to its proper limits, — the study and practice of Midwifery. A physician may be a most excellent accoucheur, skilled in all operative manœuvres, manual and instrumental, and thoroughly cognizant of the mechanical laws governing the entrance, passage, and exit of the foetus, into, through, and from the pelvis, and yet know nothing whatever of the causation, course, and rational treatment of the most common of the diseases affecting women. There has as yet but little clinical opportunity been afforded

at our hospitals for studying these cases; but little instruction concerning them given at our colleges, and but a portion of them satisfactorily discussed in any text-book upon the subject. The establishment of the Gynæcological Society of Boston is one step towards the accomplishment of these several ends. There have long existed obstetrical societies in many of the great cities of Europe and America. Those of London and Edinburgh have done much good work, and so, at home, will those of New York and Boston. Obstetrical societies, however, like obstetrical professorships at colleges, have always been chiefly occupied by subjects particularly pertaining to midwifery, and will undoubtedly continue to be. The establishment of the new Society is to advance a branch they have hitherto left practically neglected, and it is to be hoped that they will extend to it a hearty welcome, rather than regret that it has at once sprung into a side-by-side success.

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THERE IS RISK, in the sudden progress that gynæcology of late has made, as has so often happened when any branch of practice has all at once emerged from neglect and obscurity, that undue stress may be laid upon trivial affections, hazardous operations be unnecessarily performed, and incompetent practitioners consider themselves, and lead others to think them, masters of the art. To such, and to the profession generally, we commend the subjoined remarks of Matthews Duncan, of Edinburgh, himself a very competent operator as well as critic. It will be perceived that beneath the sarcasm, there lies a just appreciation of real merit and effective work. It is a thousand times easier to ridicule than to do. To the very few competent for the latter, derision may be well permitted. Most, however, of the laughing criti-



cisers of gynæcology have by their very bray revealed what was under the lion's skin.

"Foolish and unscrupulous men have a peculiar tendency, easily accounted for, to cultivate the diseases of the sexual organs. And the history of the progress of gynæcology in our day would, if truly given, cast as much disgrace on some individuals as honor upon others. Fortunately, its worst side will probably never be thoroughly exposed; for the fittest of fates, oblivion, awaits much that is now vaunted: the discovery and diligent treatment of diseases which do not exist; the use of treatment, the danger of which is greater than that of the disease; the recommendation of remedies and operations regarding which little more is known than their names; the facile juggling with remedies of which it is the one sufficient recommendation to have a new name; the systematic concealment of disasters resulting from such treatment. These evils, rife in our own day, should be forgotten, and medical men should combine to bring the intellect into, and expel the imagination from, so noble and so important a subject as therapeutics. If a laborer in gynæcology discovers a single new fact, whether pathological or therapeutic, or establishes a new principle, he secures something forever for science and humanity. In gynæcology great progress is certainly being made; but 'blinding dust' is the chief result of the labor of many of its most notorious if not famous promoters."\*

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WE ACKNOWLEDGE with pleasure the kind notices that the establishment of the Gynæcological Society has received from so many of our contemporaries. With a large proportion of the editors of the American medical journals, one or another of us has personal acquaint-

\* On Perimetritis and Parametritis. Adam and Charles Black, 1869, p. 215.

ance, but we hardly dared to hope that the mere sending to our friends a copy of the Constitution and By-Laws of the Society would elicit from them so hearty an expression of approval, and so general a promise of cordial co-operation.

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THERE LIE upon our table the five Annual Reports of the Board of State Charities of Massachusetts thus far published. Every one of them is replete with material of interest, not merely to the collector of statistics and the student of political economy, but to every medical practitioner. Portions of these reports, bearing upon gynæcological questions, we shall endeavor occasionally to present to our readers. At the present moment we select, from that for the present year, the following admirable remarks upon the treatment of demoralized women, and the utilization of aimless ones, by one of the most practical philosophers, most thoughtful workers, and most reasonable philanthropists of the age, Dr. Samuel G. Howe, of Boston. Dr. Howe's great fame as a physician has been gained among the blind and feeble-minded. He is none the less skilled in the management of social disease.

“As with the first great instinct of nature, — to support and prolong our individual life at whatever cost to others, — even so with the second, which leads us to renew and extend our existence by transmitting it to others; which is a sort of blind longing after eternal worldly life, in the material sense of the word.

“God intrusted neither of them to reason; but to passions, planted in the deepest parts of our nature, with reason and conscience striving for supremacy over them.

“The inability to restrain and guide the first instinct is the fertile source of offences against property; inability to restrain the second, of offences against morality. The first affects men most; the second affects women equally with men.

“Feebleness of the restraining powers constitutes the greatest

drag upon social life. But it is only feebleness, not an utter lack; it is, therefore, only a social drag, not a barrier. It is not irremediable, but curable. Faith that it is so teaches patience under social vices and crimes, and charity towards the immediate authors of them. It teaches that they do not differ from us in the nature of their appetites and passions; that what they have desired we have desired; that what they have done, we should have done under like circumstances of parentage and training; and that the difference of our moral and religious states comes from the fact that in them the restraining powers of reason are only rudimentary, while in us, by reason of external influences, they have been partially developed.

“What they are, we might have been. What we are (and even higher), they or their children may be.

“Such faith makes us abandon all desire of vengeance, and rely less and less upon the coarser kinds of punishment; upon the halter, the lash, the prison; upon bodily pains and penalties of any kind. Indeed, men are ever acting upon such faith, and building better than they know; for nothing more certainly marks the progress of civilization than our relaxing the severity of penal codes, and acting less and less upon the idea that we can promote moral growth, or amend moral defects, by bodily pains and restraints.

“We must have charity to all, but above all to women; and to those vices and crimes which grow out of abused instincts and perverted sentiments. We must especially consider that some of the vices and crimes which invest society result from, or at least are fostered by, defects in those social institutions which are not modelled upon natural ones.

“If we are guided by such principles and considerations in the direction of penal, correctional, and charitable legislation and administration, we shall avoid many errors into which most societies fall.

“We shall not attempt, by mere preaching, and precept, and instruction, to strengthen conscience and the restraining faculties, so that men may be self-guiding and self-restraining, any more than attempt to make a child walk, by telling him how to use his legs, without setting him upon his feet. To respect and to economize property, a man must own something. To improve, he must have some free agency.

“We shall not attempt forcible suppression of natural desires, but only their proper direction.

“We shall not inflict penalties in the spirit of vengeance.



“We shall not attempt to cure vice by social ostracism of the vicious; and especially not gather them together, and keep them in close and corrupting contact.

“In dealing with the vicious and dependent classes, the State should naturally look to its most available forces, and use such of them as would be strengthened by use.

“The most powerful available force is that of the family in its normal condition, — scattered abroad over the land and engaged in productive industry. We ought to make use of this great instrumentality for reforming and lifting up the dependents; and employ it in such a manner as increases its own vitality and persistent force.

“The family is the most important of all social institutions. Nay, it is more important than all the others together, for without it they are necessarily defective, probably vicious. Its foundations are laid by the Divine Hand in the deep instincts of humanity, and upon them alone can be built up persistent happiness and prosperity. Like the grass, it creeps over the earth and makes green the barren land. It should be fostered and strengthened by the State as the source of virtue and strength in the people. But we must strengthen the several roots of the grass rather than strive to have a few of monstrous growth.

“There is a marked tendency in civilized countries to bring all penal, correctional, and charitable institutions into what is called the family system; and to make them resemble in some degree the normal family. We ought to take a step further by using the thing itself instead of something in its likeness; the real family, instead of its counterfeit upon a large scale.

“All legislation which encourages and strengthens the natural family is, in so far, good; all which weakens it is, in so far, bad.

“But the family cannot be created by law — it must grow. Its growth must be natural, — that is, by multiplication, and not by agglomeration.

“We must guard, too, the separate independence of each family, as much as we would that of the individual; for both lose in character when individualism is merged in uniformity.

“From disregard of these simple principles come the essential unsoundness, and the usual rottenness of socialistic communities based upon false theories; and likewise the evils inherent in large agglomerations of individuals in asylums and institutions erected by the State. The motive common to both is the saving of money; but both fail to be truly economical. God is wiser than men; and the

family, as he organized it, cannot be improved upon; nor can it be organized, and run upon a large scale.

“Socialistic communities fail, because they consider the antagonism which exists in ordinary society, made up of families, to be inherent and essential; whereas it is only phenomenal and temporary. It is one of the tares, to exterminate which they destroy the good wheat.

“States sometimes adopt the penny-wise, pound-foolish policy.

“The roots of all permanent social virtue and prosperity being in the natural families, these should be multiplied and strengthened by adding to them all the loose and detached social material which may exist. They are to the State what olive-trees are, through countless generations, to the Eastern peasant. If a wise individual were farming all the resources of Massachusetts, getting the profit of the workers and supporting the dependent, he would seek to make each family prosperous and persistent. He would give aid when needed, and in proportion to the needs. He would look to his olive-trees.

“He would find some families still worth preserving, but about to break up for lack of that kind of help and stimulus which only the young can give. Others doing so because they cannot earn quite enough for their support. Others still able to carry on a household, and to nurture the young, or to care for the feeble and old, but incapable of carrying on a farm, and, therefore, about to quit, reluctantly, the old homestead, and follow their children to a distant land from a feeling of solitude, and lack of objects of interest about them. Other families, childless or bereaved, and needing some inducement to keep the fire burning upon the old hearthstone.

“He would find a multitude, especially of single women, full of capacity and desire for useful work, but incapable of leaving home to seek it. He would foresee that many families, still capable of usefulness, were slowly but surely dropping behind the productive class for want of a little occupation, and falling into the dependent and finally into the pauper class.

“Then looking around, he would find many friendless orphans; abandoned children and perverse youth needing restraint. He would find adults deranged in mind to the extent of inability for self-guidance, but not to the extent of inability to work. Others, from lack of mental vigor and bodily strength, incapable of keeping step with the self-supporting classes, and dropping into the rear rank of paupers; and so on. Then he would say, I am obliged to support these orphans and abandoned children; to restrain and train these juvenile offenders; to provide guardianship for these lunatics; to

maintain these imbeciles and paupers; how can it be best done, for that way is sure to be the cheapest? How can they be made most profitable to the whole interests of my great estate? How can the partial force which remains to them be made most available for the general good? And how can the blessing which follows humane works be equalized in the community?

“He might have to build establishments for the absolutely dependent; but he would admit none as inmates who could by any possibility be supported and placed out. He would try to separate and to diffuse as widely as possible all the unfavorable material among the good material. He would place as many as possible of the dependents in families where they could be more or less useful; and pay therefor, if necessary, as much as they would cost him in the central establishments. Even if he paid a trifle more, he would gain by keeping together and aiding the families, and prolonging the family life. He would thus keep alive and invigorate his drooping olive-trees.

“For those who must be restrained, and those who must be supported, he would make the needful provision, not necessarily in great barracks, but in establishments as nearly upon the family system as could be. These establishments would be as few and small as possible. Every new one would be regarded as a blot rather than an ornament to the social fabric. His balance-sheet might not show a gain at first, but it would in the end; and, if he should count the demoralization avoided, and the moral powers gained, as of money value, the gain would be prodigious.

“Any comprehensive and wise scheme for the support and care, the training and reform of State dependents, should look to the natural institution of the family as the best and most potential agency, and resort to special institutions only as a last resource, — as a dire necessity.

“But States seldom take this course. They build huge barracks, over whose doors should be written, social ‘rubbish shot here!’\* for into them are gathered foundlings, orphans, abandoned children; juvenile offenders; criminals; lunatics, more or less mad; the halt, the lame, the blind, and paupers of all degrees.

“Next in importance to enlisting the largest possible number of normal families in dealing with the vicious and dependent children of the State, is that of enlisting the greatest possible number of women.

“The more general adoption of this principle would develop an

\* English cities designate places where garbage may be deposited by such a sign.



immense moral force, and bring in aid which is but little used in Protestant countries. Especially would it do so in this Commonwealth, where is so much unemployed 'woman's power;' where so many women, who long to be useful, sit with folded hands.

"Indeed, one of the most substantial forms in that shadowy array of 'woman's wrongs' is her exclusion from posts of responsibility in the great field of public charity. In that field she could undoubtedly excel man, because it includes the nurture and admonition of children, the treatment and reformation of youth, the oversight and direction of perverse women, the care of the sick, the comfort and consolation of the old and the dying."

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WE ARE GLAD to chronicle the formation of the Association of Medical Editors at the session of the American Medical Association at New Orleans. Such an organization, if properly conducted, can effect a vast deal towards furthering the best interests of the profession. The influence of the presiding officer of the present year, Dr. Davis, of Chicago, will go far towards developing the best tendencies of this movement, as all who have watched his long career, advisory and executive, in the American Association, must willingly acknowledge. Here in the East, where three years ago he so ably brought order from chaos, and attuned conflicting elements to the most perfect harmony, making of the meeting that fair-weather prophets had doomed to an ignominious failure, the most perfect success, there has since but one adjective been applied to Dr. Davis, as to his then administration, and that, the word magnificent.

We shall endeavor, in every way, to be loyal to the editorial, as to the National Association, to the profession, and to the science we humbly claim to represent.

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THE DISCUSSION OF LOCAL QUESTIONS, conducted with reference to their general bearing, becomes of interest to far-distant readers. We shall therefore offer

no apology, when commenting, as we often may, upon public needs, mistakes, or abuses, especially if of gyn-æcological character. Well taught, and well governed as is the city of Boston, it yet presents no exception to other cities, as regards abuses, mistakes, or needs. The higher the standard, the more distant should be its horizon; the more perfect the precautions against ignorance, vice, and disease, the more evident should little errors become, and great ones the more unpardonable. To illustrate this remark, we shall point, at the present time, at the foolish, not to say disastrous, policy of the city government, with regard to only two out of several matters, closely affecting the interests of every Bostonian; the first of these being the late compulsory resignation of the Consulting Physicians of the city, and the second, the location of the new City Lunatic Hospital. In consequence of gross disrespect offered to them by those whose deliberations upon all hygienic questions they were appointed to aid, the Consulting Physicians, to their credit be it said, have voluntarily vacated their post, thus throwing the responsibility, in case of pestilence, or other great and general affliction, upon those to whom it should rightfully belong. At the present moment, the city is without that valuable protection hitherto extended to the poorest and weakest citizen, and given ungrudgingly when required, the yielding of which the wealth of the most opulent cannot compel. The loss of such services, though a public calamity, for in their absence there cannot be the old sense of sanitary security, brings yet its recompense, for it affords an additional proof of the wisdom of the last Legislature in providing for a State Board of Health, before whose suggestions for the public weal even paltry politicians must yield.

The instance now adverted to is one of an abuse of power, and a mistake as well.

The second instance threatens to present both of these features, and, like to them, it also involves a great public need. Unlike it, however, it does not bring with itself its cure, and in consequence there should the more heed be given to it.

For many years it has been evident, and more and more so since the city commenced its wholesale absorption of outlying towns, that there was required a new lunatic hospital within the corporate limits, — larger, better ventilated and heated, and otherwise more comfortable, and permitting, what is absolutely essential for the successful treatment of the insane, a proper classification of its inmates: The question of this necessity was carefully sifted, and it was decided upon.

Competent committees were appointed to examine favorable sites, and to form estimates concerning cost. Their reports, endorsed by the best psychological experts, were submitted to the city government; a location was selected, and plans were drawn. These we have ourselves carefully examined, and we do not hesitate to pronounce them such as would have ensured the comfort and security of the insane, and greatly enhanced the chances of their recovery. At the same time, while a sufficiency of money would have been expended to obtain these ends, a reasonable attention would have been given to the demands of economy.

At this point began the ravages of that mighty host of political grasshoppers, who swarm upon every green thing the moment the bud swells and the blade begins to appear. The farm at Winthrop, selected by the commissioners, is surrounded by every influence capable of soothing a distracted mind. It commands a charming view of the open sea; it is within hearing of the



surf, and enables the frequent treating of the patients to yachting excursions, which Dr. Walker has long found to be of the greatest remedial service. Its neighborhood to Chelsea beach affords the most delightful walks and drives, and to Point Shirley an excellent wharfage; and, though away from the annoyances of a noisy and bustling neighborhood, it is sufficiently accessible for the visits of friends, and will probably soon be made still more so by the extension of the East Boston Horse Railway. These advantages, however, were of no worth in the eyes of hungry speculators in real estate, who wished to dispose of their half acres in Dorchester and the Highland District, by the foot and inch, and of city officials, to whom the influence of such men can give further battenings at the public cost. And so with the plans of building; drawn with care, consistent in their arrangement, in every respect, to the needs of the hospital, they yet afforded a chance for pillage to contractors and mechanics innumerable. When it is recollected that a change in some slight details may ruin the whole, and that a trifling saving of a few dollars in the matter of plumbing, masonry, or wood-work, may involve the whole hygienic safety of the establishment, as concerns drainage and ventilation, as well as the chance of its destruction by fire, one may well lose patience. The city of Boston has erected a splendid and most expensive monument to the folly of those who chose to place its most noble charity, the City Hospital, not upon the heights at South Boston, where now stands the Carney Hospital, but upon a miserable mud flat, overlaid by garbage concealed by a thin layer of gravel, and who saw fit, for the purpose of lining some private purse, to interfere with the admirable plans so carefully drawn and so patiently arranged, with attention to every point of sanitary

detail, by Dr. Henry G. Clark. The unity of several different pavilions in one harmonious whole was practically destroyed; thousands upon thousands of the public treasure were worse than wasted, and were it not that the skill of the physicians and surgeons attached to the hospital has given it a name despite these great discouragements, and so diverted attention from them, the City Hospital would be pronounced a disastrous failure.

We trust that such errors are not now to be repeated. If the city government will give heed, in medical matters, to those, from their profession, best competent to advise, all may yet be well. With a medical man at its head, it will be simply disgraceful if the dangers we are now chronicling pass into history as consummated fact, and equally humiliating, if the city physician, now that there exists no consulting board, does not lift his voice against them in protest. For Dr. Read, and His Honor Dr. Shurtleff, we have the greatest respect, but as journalists we have our own responsibilities, and our own duties, and from both the gentlemen alluded to the public have a right to expect something more than that they drift impassive upon a headstrong tide.

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## BOOKS AND PAMPHLETS RECEIVED

BY THE SOCIETY.

1. SCANZONI. (Wurzburg.) Diseases of Women. From Dr. W. O. Baldwin, of Montgomery, Ala.
2. BYFORD. (Chicago.) Medical and Surgical Treatment of Women. From Dr. Baldwin.
3. TILT. (London.) Uterine and Ovarian Inflammation. From Dr. Baldwin.
4. SIMS. (New York.) Uterine Surgery. From the author.
5. TAYLOR. (New York.) Placenta Prævia. From the author.

6. HODGE. (Philadelphia.) Diseases Peculiar to Women. From the author.
7. ATLEE. (Philadelphia.) Surgical Treatment of Uterine Fibroids. From the author.
8. Do. Operations for Ovariectomy. From the author.
9. McQUILLEN. (Baltimore.) Action of Anæsthetics upon Blood Corpuscles. From the author.
10. EVE. (Nashville.) Insertion of Sutures for Vesico-vaginal Fistula. From the author.
11. BOZEMAN. (New York.) Operation for Vesico-vaginal Fistule. From the author.
12. Do. Urethro-vaginal, Vesico-vaginal, and Recto-vaginal Fistules. From the author.
13. Do. Remarks on Vesico-vaginal Fistule. From the author.
14. Do. Urethro-vaginal, and Vesico-vaginal Fistules. From the author.
15. MARCH. (Albany.) Scirrhus of the Rectum. From the author.
16. Provincial Medical Journal for March, 1869. From Dr. Mack, of St. Catharines.
- 17 to 25. California Medical Gazette. Complete set, from July, 1868, to May, 1869. 9 numbers. From Dr. McNutt, of San Francisco.
- 26 to 28. Half-yearly Compendium of Medical Science. Jan. and July, 1868, Jan., 1869. From Dr. Butler, of Philadelphia.
29. SIMON THOMAS. (Leyden.) Transfusio Sanguinis bij eene door Bloedvloeijing uitgeputte Kraamfrouw Verrigt. From the author.
30. Do. De Keering op de Knie. From the author.
31. Do. Verloskundigen en Vrouwen-Artsen. From the author.
32. Do. Multiloculair Cystoid Van het Linker Ovarium. From the author.
33. Do. Verloskundige Kliniek aan de Leidsche Hoogeschool 1856-58. From the author.
34. BREISKY. (Berne.) Zur Lehre von den Gesichtslagen. From the author.
35. LOGAN. (Sacramento.) The Medical History of California, for 1868. From the author.
- 36 and 37. Pacific Medical and Surgical Journal for September, 1868, and March, 1869. From Dr. Logan.
38. MAUGHS. (St. Louis.) The Use and Abuse of the Obstetrical Forceps. From the author.
39. Do. On Menstruation and the Monthly Flow. From the author.
40. BUCHTING. (Nordhausen.) Bibliotheca Gynæcologica et Obstetrica. 1847-66. From Dr. Bixby.



# THE JOURNAL

OF THE

## GYNÆCOLOGICAL SOCIETY OF BOSTON.

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VOL. I.]

AUGUST, 1869.

[No. 2.

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### PROCEEDINGS OF THE SOCIETY.

*[Reported by Horatio R. Storer, Secretary.]*

THIRD REGULAR MEETING, HELD FEB. 2, 1869.

THE third regular meeting of the Society was held on Tuesday evening, Feb. 2d, 1869, at Hotel Pelham, the President, Dr. Lewis, in the chair. Present, Drs. Lewis, Warner, Bixby, Sharp, Dutton, Field, and H. R. Storer. Also, by invitation, Drs. D. F. Lincoln and G. P. Greely, of Boston.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. Wm. B. Atkinson, of Philadelphia, Permanent Secretary of the American Medical Association, stating that no organization, with the same objects as this Society, seems yet to have been formed in the United States, wishing it success, and expressing the desire that it should be represented at the meeting of the Association at New Orleans in May. He also read a communication from Dr. Isaac Hays, of Philadelphia, expressing his willingness to publish the transactions of the Society, in the "American Journal of the Medical Sciences."

The Committee upon Membership having reported favorably, the gentlemen nominated at the last meeting were balloted for and elected.

Dr. Warner exhibited to the Society the very excellent caustic holder, with flexible stem of block-tin, invented by Prof. Byford, of Chicago, and showed how effectually, in case of necessity, large sticks of nitrate of silver could be passed through a patulous or artificially dilated os into the uterine cavity. Dr. W. referred to the suffering often occasioned by uterine injections, even of bland fluids, and the danger attending their use.

Dr. Lincoln remarked upon the advantages of Dr. Byford's instrument, provided it would last as long without repairing as Dr. Warner had found it to do.

Dr. Bixby confirmed Dr. Warner's statements as to the risk of uterine injections, and agreed with that gentleman that they should be resorted to only upon very exceptional occasions.

Dr. H. R. Storer acknowledged the general truth of the remarks of the previous speakers, and had almost entirely relinquished the use of uterine injections. He had, however, in one or two instances of obstinate metrorrhagia, where the sponge tent had failed to reveal any decided organic lesion, and where local application by the swab; etc., had failed, resorted to injections of iodine by Savage's hollow sound, which he exhibited, as also Lente's ointment syringe, and the caustic probe, first suggested by Dr. Mack, of St. Catharine's, C. W., afterwards by Lente, and modified by himself. Dr. S. on more than one occasion had found all such agents to fail, and had been compelled to resort, with success, to vesication of the uterine cavity by carbolic acid, and in other instances to its cauterization by the hot iron.

Dr. Bixby read a paper upon the pessary of Mr.

Graily Hewitt for antero-posterior displacement, exhibited at the last meeting of the Society.

Dr. Storer remarked that if Mr. Hewitt's pessary accomplished all that was claimed for it, it was indeed a great desideratum. Anteversions and flexions, though differing much in certain cases, were extremely difficult to treat by any mechanical support external to the uterine cavity. Of course, where they were complicated with partial or entire cystocele, there were additional indications. He had himself formerly placed much reliance upon pessaries, but now removed them much oftener than he inserted them. Of course it was necessary in their use to adapt the style of the instrument to the case in point, and there were forms that were simply barbarous, or entirely unscientific, and some of these were yet frequently used. Dr. S. exhibited diagrams of various kinds of pessary devised for antero-posterior displacement, in situ, and described the surgical procedures which made their use unnecessary. He also showed specimens of Gariel's air-bag, Meigs' and Sims' rings, Scattergood's spring parallelogram, Hodge's open and closed levers, Priestley's, Cutter's, and his own, Clay's wire prop, and Simpson's simple and compound stem.

Dr. Dutton communicated the following case of

#### OBSTINATE VOMITING DURING GESTATION.

Mrs. S. B., thirty-three years of age, slender, active, and of nervous temperament, married at twenty-one, and the mother of one child, now seven years of age, ceased to menstruate December 12th, up to which time she has always had a return of the catamenial flow with extreme regularity. Jan. 10, contrary to expectation, the menses failed to appear, and during the following



week nausea with morning sickness presented themselves, and so rapidly did gastric symptoms increase, and so severe did they become, that within another week almost all articles of food were ejected from the stomach; either at once upon being taken, or, on the contrary, after several hours of such discomfort and distress as to bring most satisfactory relief by their ejection quite undigested and extremely acid. Neither were the articles taken and thus ejected of an indigestible nature alone; the most bland and easily digested being no more tolerated than those of an opposite character; and, in turn, recourse was had to gruels, beef tea, mutton, lamb, chicken, and oyster broths, together with whatever other articles might, from time to time, be thought possibly fitting or appropriate. Even milk and lime-water, in whatever proportions administered, even if equal parts, could seldom be borne, but were soon vomited, often extremely acid. It should, however, be remembered that almost all articles were tolerated at first, while a repetition showed them to be quite as objectionable as others. Solids, the patient soon learned from experience, could not be taken, and it also became as apparent that, with the exception of water, liquids must be administered quite warm, indeed hot. An examination, per vaginam, revealed the fundus uteri sharply and decidedly retroflexed, with much engorgement, enlargement, and extreme tenderness upon pressure, and the cervix also greatly congested.

Treatment has proved of little avail so far as the administration of medicines is concerned, although minute doses of morphia in solution have evidently had something of a controlling effect. Bismuth and other articles of like nature have been tried, together with the oxalate of cerium, so happily beneficial in the experience of some physicians. All, however, have been

equally unavailing. The application of tincture of iodine to the cervix uteri seemed upon the first trial to be productive of marked good results; a second, however, was within a short time followed by the most severe vomiting thus far experienced, lasting for hours, and shortly giving rise to symptoms of gastritis, with furred tongue, quick pulse, etc., which, however, soon yielded to ice and minute doses of morphia, with counter irritation, etc. Bromide of potassium in solution given per rectum has seemed to be of service in sixty-grain doses; a continuance of it, however, it is strongly feared, cannot be borne, owing to the peculiarity already mentioned, of a tendency to rejection subsequently, even if an article is well borne at first. The course now being pursued is the abandonment of the administration of all articles of food by the mouth, substituting therefor enemata of beef tea, broths, etc., in order to nourish the patient until such changes shall have taken place as will, it is hoped, remove the irritation and allow of the normal course of the nutritive process. Should it be doubted concerning the pertinence of the case cited to discussion by a society of this nature, which proposes to avoid purely obstetrical questions, I have only to advert to the questions involved; namely, 1st. Is the vomiting of pregnancy not often indicative of uterine lesions, and will not the restoration of the diseased uterus to a healthy and normal condition relieve our patients of these distressing symptoms? 2d. To what extent, if dependent upon such lesions, may treatment be carried, if at all, in the impregnated uterus, without endangering the safety of the mother or ovum, or both?

Dr. Warner suggested the employment by Dr. Dutton of a mercurial. He had in his own practice in St. Louis repeatedly seen the greatest benefit produced in

the vomiting of pregnancy by small doses of calomel followed by the infusion of quassia. With reference to the question of causation, he would instance a case from his own practice, where extreme nausea and vomiting had depended upon simple displacement, pregnancy not having been present.

Dr. Field inquired if, in Dr. Dutton's case, there were evidence of actual indigestion, and if pepsine had been employed. He had himself often obtained relief from this agent in similar cases.

In reply to a question from Dr. Bixby, Dr. Field added that this effect from the pepsine was usually immediate, or within a very few days.

Dr. Sharp doubted whether it were certain that the lady was really pregnant.

Dr. Bixby inquired whether restoring the uterus from its displacement were indicated at so early a period of gestation; and Dr. Field asked how much cases with such a tendency should be left to nature after confinement.

Dr. Warner replied that the great aim after confinement should be to secure complete involution, and that the patient should be watched closely not for six days merely, but if necessary for sixty days.

Dr. Bixby stated that he had repeatedly seen on the Continent, as in the Lying-in Hospital at Prague, the uterus actively kneaded immediately after delivery, not merely for the purpose of preventing post-partum hemorrhage by ensuring uterine contraction, but to aid in subsequent involution; and Dr. Warner remarked that he had repeatedly resorted to the same method, for the same indication, in his own practice.

Dr. Dutton remarked that the induction of abortion had been suggested to him by a general practitioner, and added to what he had previously said of the case, that there still existed a certain amount of ulceration,



which he had as yet been unable to heal. He would inquire if this could possibly have anything to do with the woman's condition.

Dr. Storer said he had no doubt as to the possibility of this, and referred to a paper upon the ætiology and treatment of the reflex gastric disturbances of gestation he had published some time since in a Western medical journal. As to the suggestion of induced abortion, this should never be resorted to save as a last resort, and then only after consultation with an expert. The community is far too prone to base its valuation of foetal life upon the apparent estimation in which it is held by medical men. Just as has been said concerning amputation as compared with saving a limb, any fool can produce an abortion, but it is a wise man who succeeds in preserving the foetus.

Upon motion of Dr. Bixby, it was voted that one hundred copies of the Constitution and By-laws be printed, for transmission to Honorary and Corresponding Members.

Nominations to Honorary and Corresponding Membership were referred to the appropriate committee.

Adjourned.

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FOURTH REGULAR MEETING, FEBRUARY 16, 1869.

The Society met at the usual hour at Hotel Pelham, the President, Dr. Lewis, in the chair. Present, Drs. Lewis, Warner, Field, Bixby, Dutton, and H. R. Storer; and, by invitation, Dr. J. B. S. Jackson.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. B. F. Dawson, of New York, Editor of the "American Journal of Obstetrics," expressing his willingness to publish the

Transactions of the Society in that periodical, and stating that he had concluded arrangements with Dr. Dawson for this purpose. He had written Dr. Hays, of Philadelphia, that in doing this the Society felt under obligations for the courteous invitation he had extended, and would, no doubt, be happy to procure the insertion in extenso of some of the communications made them, in the "American Journal of the Medical Sciences."

Dr. Warner, Chairman of the Committee on Membership, having reported favorably upon the nominations made at the last meeting, a ballot was taken, and the gentlemen were elected.

The Secretary presented, on behalf of Dr. Bullard, of Blackstone, a pathological specimen, — the case being one of

#### DISCHARGE OF HAIR FROM WITHIN THE BLADDER.

Patient aged thirty-six. Unmarried. Seamstress, attending to her duties till within the last nine months. First seen professionally by Dr. Bullard three years ago, but did not come under his care till a year later. Since then much pain across lower bowels, and in making water, with both vesical and rectal tenesmus. Urine gelatinous in appearance and very offensive. Menses regular till last three months of life, and then suppressed. Six months ago passed spontaneously a lock of hair from within the bladder, symmetrically disposed, and covered by a calcareous concretion. This was brought by Dr. Bullard to Dr. H. R. Storer, who had not, however, the time to visit the patient, but suggested the possibility of ovario-vesical fistula. Subsequently to this time some eight or ten additional locks of hair were spontaneously discharged, one of which is in the possession of Dr. Bennett, of Uxbridge.

Dr. Bullard had removed half a cup full of hair from

within the bladder by small nasal forceps, with great difficulty, the urethra being very narrow. He also detected the presence of a vesical calculus; but was unable to grasp it. The patient finally died of diarrhœa and exhaustion. The autopsy was made by Dr. Bullard, assisted by Dr. Bennett. It is stated that the father of the lady died at the Massachusetts General Hospital, some twelve or fifteen years ago, of vesical disease.

The whole contents of the pelvis, namely, the uterus and its appendages, bladder, and rectum, vagina, and a portion of the vulva, were exhibited.

The uterus, but little enlarged, yet indurated, was sharply anteflexed. Coats of the rectum hypertrophied, and also those of the bladder, which in several places was superficially ulcerated. It had contained two calculi of quite large size, which were exhibited; very light, having hair as nuclei. One of them had occupied a sacculus at the upper and posterior portion of the bladder, which was connected by a minute and tortuous fistula with the left ovary. This was covered in and connected with the bladder superficially by strong adhesions, the pocket thus formed containing nearly half a drachm of pus. The ovary, upon being divided by Dr. Jackson, presented two small indurated bodies, the size of large beans, almost fibrous in structure, and above them a cavity containing perhaps a drachm of a semi-liquid, cheesy material. A loop of small intestine was also adherent to the bladder, and it was subsequently discovered, by Dr. Jackson, that there was here also a distinct fistulous opening, although no report had been made of the discharge of feculent matter through the urethra. In view of the above conditions, it seemed evident that the cavity containing the aforesaid caseous substance was a collapsed ovarian cyst, and, though it now contained no hair, that it had



been the source whence that previously discovered had been discharged.

Dr. Storer briefly referred, as interesting in this connection, to a case brought him from West Townsend, Vermont, by Dr. Upham of that place, — where he had removed from within an ovary, by way of the uterus, through a fistulous connection between those organs, a long lock of reddish hair, which he exhibited.

Dr. Lewis suggested that it would be interesting to examine these specimens with the microscope.

The Secretary communicated from Dr. D. D. Spear of Kennebunk, Me., the following case of

REFLEX VOMITING DURING GESTATION SUCCESSFULLY  
TREATED BY BROMIDE OF POTASSIUM.

A young woman, advanced five months in her first pregnancy, came under treatment, having fallen upon the ice, striking upon and bruising her right knee. Shortly after, she felt faint and sick, and lost three or four ounces of blood from the vagina. The second day after the fall she was taken with labor pains. It was at this time that Dr. S. was summoned; on examination found the os undilated, the surrounding parts considerably tender and inflamed. Opiates soon relieved the pains, and she had a good night's rest. The next day severe vomiting occurred, which all ordinary remedies failed to quiet. The patient seemed at death's door; still vomiting; could take nothing into the stomach which would be retained. Dr. Spear resolved at last to have recourse to bromide of potassium; ordered it in ten-grain doses every hour. The relief was immediate; five doses were given. Vomiting was arrested, and the patient rapidly recovered, still going on with her pregnancy as if nothing had occurred.

Dr. Dutton stated the progress of his own case of Gestal Vomiting reported at the last meeting. In many respects the patient had improved. The mercurial suggested by Dr. Warner had been given, and there seemed to be some tendency to ptyalism. He was not, however, prepared to say that this was in consequence of the agent exhibited.

Dr. H. R. Storer read an elaborate paper upon

THE DIFFERENTIAL DIAGNOSIS OF CERTAIN ABERRANT  
FORMS OF RECTAL FISTULA IN WOMEN.

[This paper was published in the "American Journal of Obstetrics" for February, 1869.]

Dr. Storer also read a paper entitled

UPON POCKETING THE PEDICLE IN OVARIOTOMY: A  
REPLY TO CERTAIN STRICTURES BY DR. KIMBALL, OF  
LOWELL.

[This paper will be published in full in a subsequent number of the Journal of the Society.]

The conversation turning upon abdominal sections, Dr. Jackson asked concerning the experience of gentlemen with reference to the frequency of fibrous tumor. It had been stated by Bayle long since, that twenty per cent. of all women dying after the middle period of life, presented, to a more or less marked extent, fibrous disease of the uterus. His own experience had not fully verified this statement, but he thought he had found the disease to reach at least fifteen per cent. of the whole number of deaths in women of that age.

Dr. Warner inquired if full allowance had been made for the errors of diagnosis, so frequently occurring from mistaking flexions of the uterus for fibrous disease.

Dr. Jackson replied that the remark was applicable

to statistics based upon examinations of the living subject, but not to those from autopsies.

Dr. Storer reminded Dr. J. that even his own results, worthy the consideration of every one familiar with the extreme accuracy of their presenter, might be susceptible of a certain amount of modification, inasmuch as they represented only a portion of the total number of deaths. Careful pelvic autopsies, whether in hospital or private practice, were seldom made, save in cases of evident or suspected abdominal disease, or in those where a failure to detect lesions elsewhere led to such an exploration. Allowance must be made for the great number of accidental and so-called natural deaths, where no examination whatever is made.

Dr. Jackson inquired as to the propriety of attempting surgical treatment for uterine fibroids, and remarked upon the grave errors of diagnosis that had at times been committed. He instanced an operation performed in this city many years ago, where the tumor removed was supposed to be ovarian; but was found afterwards to be the uterus itself enlarged by fibroid tumors. Dr. J. furthermore related another case, in the practice of the late Dr. Wm. J. Walker, where a trocar having been plunged into what was supposed to be an abdominal fibroid, the canula was left permanently in situ, being retained by an expanding spring inserted through its canal, with the effect of inducing almost entire absorption of the mass.

Dr. Storer replied that while unnecessary interference with uterine fibroids was to be deprecated, there were occasional cases where surgical assistance was decidedly indicated. He had little confidence in the possibility of effecting resolution by the aid of medicines, having attempted it without success in a great many cases sent to him from different parts of the country. He had



more particularly employed bromide of potassium, and had but twice seen apparent resolution, the autopsy subsequently showing a shrivelled fibroid that had undergone fatty degeneration; these, however, he was inclined to consider instances of sequence rather than of consequence. He had also largely used chloride of calcium, as suggested to him by Mr. Spencer Wells, of London, but without any apparent result; the indication was to cut off arterial supply by inducing calcareous degeneration of the vessels of the tumor; but he did not see why vessels of other parts of the body, as of the foot, or heart, for instance, were not just as likely to be affected.

From surgery, however, in desperate cases a permanent cure might often be gained. A quiet fibroid should be let alone, for it might be carried into old age without inconvenience. Where an operation of any kind was attempted, it was often safer to attempt a great deal than a little; thus, if several fibroids were present, the removal of one often sufficed to set up a fatal inflammation in the others. Dr. S. exhibited diagrams, showing the necessity of very careful preliminary exploration in cases such as those now adverted to, and remarked that one of the patients, from whom he had removed the entire uterus by abdominal section, here weighing thirty-seven pounds, was in his office a few weeks since, in perfect health, the operation having been performed three years ago last September. Gentlemen would recollect that, at the time, a prominent hospital surgeon had expressed his regret that this patient had recovered, and that another gentleman had shown his regard for the advance of pelvic surgery by calling upon the profession, by a card in the "*Boston Medical and Surgical Journal*," to withhold all countenance from the operator.

By request of Dr. Bixby, Dr. H. R. Storer reported a novel case of

SACCULATED SCYBALA SIMULATING GLANDULAR EN-  
LARGEMENTS OF THE RECTUM,

upon which he had operated that morning in consultation with Dr. Nichols. The lady, a multipara, had been under his care two years since for endometritis, and had been treated by applications of chromic acid and scarification of the uterine cavity. Becoming pregnant, she had carried the child to the full term, and been confined four weeks since, under the care of Dr. Nichols, the labor having been a tedious one, without sufficient apparent cause for this having been detected. Since confinement, the bowels had been frequently, indeed regularly, moved, both by laxatives and by enemata. Much pelvic uneasiness existing, Dr. Nichols had essayed vaginal examination, both by the finger and speculum; but the canal was so encroached upon by an apparent tumor as to render this almost impossible. Upon passing the finger into the vagina, Dr. Storer found a large and indurated mass projecting upon it posteriorly; this pitted slightly upon pressure. Diagnosing, therefore, a ball of hardened scybala, Dr. S. passed his finger above it, and, pressing downwards, performed his operation of everting the rectum from within the vagina, with the effect of rolling out an immense mass, which, by rotating upon its own axis during defecation, had acted like a ball-valve, as pointed out by Sir James Y. Simpson, allowing liquid and semi-solid material to pass easily beside it. This having been removed, Dr. S. detected several smaller masses high up, in the immediate neighborhood of the sigmoid flexure, which gave to the finger within the rectum the

impression of being entirely submucous, even after careful exploration. They could readily be seized between a thumb in the vagina and the finger in the rectum, and, upon being pressed, pitted. This fact confirmed the suspicion that they must be scybalous, and careful taxis succeeded in opening the pockets in which they were enclosed, and turning them out like a chestnut from its burr. There were some half dozen of them in number, varying in size from that of a walnut to a bean. It would seem that the masses must have become engaged between folds of the intestine, and have become attached, and that, perhaps from the irritation ensuing, the mucous membrane from the two sides had pouched over the foreign bodies, very much as is done by the mucous coat of the uterus when forming the decidua reflexa over the adherent ovum. Dr. S. had not seen this affection enumerated by any writer upon the diseases of the rectum.

Dr. Jackson considered the case a very interesting one, and remarked that, though he had often found small sacculi arising from the large intestine, above the sigmoid flexure, he had never seen them in the rectum. They seem to be formed as they are in the bladder; are generally very numerous, and sometimes enclose small masses of indurated fæces. Once he had known a patient to die from peritonitis, induced by the rupture of one of these little hernial protrusions, though he would before long have died from cancer of the rectum.

Dr. Storer moved the following resolutions, which were seconded by Dr. Dutton and adopted.

1. That a circular be sent, in the name of the Society, to the faculties of the several medical colleges in the United States, calling attention to the scientific and practical importance of the diseases of women as regards



their frequency, causation, effects, and curability, the neglect that they have thus far experienced at the hands of the profession, and the reasons therefor, and the great need of a change in this particular, and requesting their assistance towards this end, by the establishment in every instance of a separate chair or lectureship of Gynæcology, as distinguished from Obstetrics or Midwifery.

2. That a memorial be transmitted to the American Medical Association at its coming meeting at New Orleans, calling attention to the importance of the diseases of women as a department of medical science, and praying that the circular sent to the colleges by the Society may receive the formal approval of the Association, and be indorsed to that effect by its president and permanent secretary.

Upon motion of Dr. Dutton, the action of the eighth by-law was suspended for the ensuing six months, in view of the large expenditures necessarily attending the formation of a new society.

It was also voted, upon motion of Dr. Bixby, that the number of copies of the Constitution and By-laws, printed for corresponding and other members, be increased to five hundred, and that the notifications printed for honorary and foreign corresponding members be prepared with a proper view to the prospective respectability of the Society.

Nominations were made and referred to the Committee upon Membership.

Adjourned.

THE NORMAL POSITION OF THE FEMALE PELVIC  
ORGANS.

BY PROF. A. BREISKY, BERNE, SWITZERLAND.

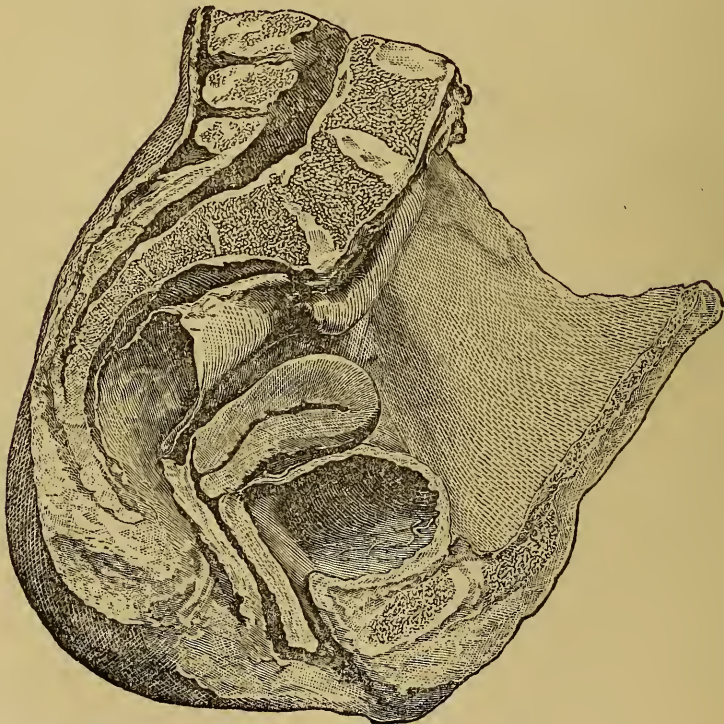
[Communicated to the Society, and read 15th June, 1869.]

IN acknowledging the receipt of the announcement that the Gynæcological Society, of Boston, had honored me by an election as a corresponding member, I behold in it a sign that the Society, by electing also foreigners, intends to establish a more extensive professional intercourse among men, who, although divided by the ocean, are nevertheless united by the many ties of their common favorite department in science and practice. Gladly accepting this point of view, I take the first opportunity to send to the Society a stereoscopic photograph, taken from a cut through the pelvic organs of a well-formed virgin, of about twenty years of age. The preparation was made after the method of Kohlrausch, by myself, and my friend and colleague, Prof. Aeby, of Berne, and is preserved in the collection of the Lying-in Hospital, under my care. A preparation of this kind is with us exceedingly rare in collections, though it is the most common subject of drawings and wood-cuts, the accuracy of which, as is well known, usually leaves something still to be desired. The only picture taken from nature, with minute truthfulness, that I am aware of, has been published by Kohlrausch.\* We accepted the method of previously hardening the parts in alcohol, and cutting off from one side, piece by piece, as Kohlrausch did. We preferred this procedure to the frozen cuts, from the fact that the slight lateral deviation of the normal pelvic organs does not allow

\* O. Kohlrausch: *Zur Anatomie und Physiologie der Becken Organe.* Leipzig, 1854.

one to get, by a single median incision, a sufficiently instructive view of all the parts concerned. The latter remark you will find confirmed by looking at the pictures taken from frozen cuts, in the famous, and in many respects magnificent, large work of Pirogoff. In order to enable the Society to judge of the measurements, I mention herewith some of them:—

Conjugata vera diameter of the pelvis,	3 in.,	4 $\frac{1}{3}$ lines.
“ diagonalis “ “	4 “	4 $\frac{4}{5}$ “
Antero-post. diameter at the outlet to the point of the coccyx,	2 “	10 $\frac{2}{5}$ “
Antero-post. diameter to the point of the sacrum,	3 “	10 $\frac{4}{5}$ “
Length of Vagina (ant. wall),	2 “	1 $\frac{3}{5}$ “
“ entire Uterus,	2 “	2 $\frac{4}{5}$ “
“ Uterine Cavity,	1 “	10 $\frac{4}{5}$ “
“ Cervix Uteri,		10 $\frac{4}{5}$ “
“ Vaginal Portion, ant. lip,		1 $\frac{3}{5}$ “
“ “ post. lip,		2 $\frac{4}{5}$ “
Diameter of the uterine wall, at the point of incision :		
Fundus,		4 $\frac{2}{5}$ “
Ant. wall,		3 $\frac{1}{5}$ “
Post. wall,		3 $\frac{1}{5}$ “



Diameter of the Perineum,

1 “ 4 $\frac{4}{5}$  “



I confine myself to this short communication, without entering further into the interesting subject of the position of the pelvic organs, as it is a matter sufficiently familiar to every honored member of the Society. What I intend, by communicating this hitherto unpublished cut, is, chiefly, to manifest my sincere interest and good wishes for the Gynæcological Society.

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#### UPON SCARIFICATION OF THE CAVITY OF THE UTERUS.

BY J. G. PINKHAM, LYNN, MASS.

[*Read before the Society, 25th Jan., 1869.*]

It is to Prof. H. R. Storer that the credit is due of having first suggested and brought prominently before the profession, intra-uterine scarification as a measure of treatment in chronic metritis and endometritis. He himself has given the history of the affair in an able paper presented to the New York State Medical Society in 1867, and published in its transactions of that year.

My object in presenting this paper to you to-night is twofold : first, and chiefly, to call your attention in a particular manner to the article of Dr. Storer, above referred to; secondly, to describe an improved intra-uterine scarificator of my invention, and to contrast it with the instruments designed for a similar purpose, that have been heretofore given to the professional public, the whole to be preliminary to another paper containing reports of cases which I hope, at some time, to have the pleasure of reading before you. As the paper of Dr. Storer has probably been read but by few of the profession, I conceive that I shall be doing you and others a favor by quoting the most important parts of it :—

"I have been interested in no ordinary degree by a discussion that has lately taken place, during November and December, 1866, at the New York Academy of Medicine, and been reported in the medical journals,\* the participants in which were those great authorities in all matters pertaining to the diseases of women, Profs. Budd, For-dyce Barker, and Peaslee; the subject of their deliberations having been chronic metritis, its pathology, etiology, and therapeutics. I should consider it presumptuous indeed for me to sit in judgment upon the opinions of these learned men, to call any views into question that either of them may have expressed, or to make any suggestions in addition to those by them presented, were I not sure that, with me, they each of them recognize the facts that the best of us are but apprentices in the great workshop of nature, and that as such we must labor humbly, faithfully, reverently, to assist each other in the elucidation of her problems.

"No disease, whatever its site or character, it has been well insisted by Prof. Brown-Séquard, can be well treated, except upon strictly logical deductions from physiology. No disease, whatever its site or character, can be well treated save upon general principles. This remark is especially applicable to the diseases of women, where, if a mere routinist or the victim of a single idea, the best general practitioner becomes the veriest empiric, and where, on the other hand, the specialist, if true to his science, and mindful of the great dangers to which I have now alluded, must of necessity bring to bear all the resources of general practice.

"To certain eminent men, some of them, nevertheless, but hobby-ists, we are indebted alike for our advance towards, and our retro-gression from, the successful treatment of uterine disease. Henry Bennet, of London or Mentone (for it is difficult now to decide where it is in reality that he belongs), would have us to find the key to nearly all these troubles in inflammation of the os and cervix; while West, on the contrary, scouts the idea of a mere superficial abrasion effecting a tithe of the results that have been attributed to it, and Hughes Bennett, of Edinburgh, fairly anathematizes those who apply the term inflammation to anything short of that perverted alteration of the vascular tissues which produces an exudation of the liquor sanguinis. 'It is this exudation only,' he asserts, 'which can be held to unequivocally characterize an inflammation.' Tilt, again, would make us believe that there is scarce else ever to be found than an irritable ovary; while others, among whom our own Hodge, and I say this with all respect, for I believe strongly in his levers where they are

\* Phil. Med. and Surg. Reporter, Dec. 15, 22, and 29, 1866; N. Y. Med. Record, Dec. 15, 1866, and March 15, 1867.



indicated, would fain confine us almost entirely to displacements, as alike the cause and effect of metritic engorgement, if not, indeed, the disease itself. Of these conflicting views, all are to a certain extent true, and all to a certain extent false. The publications of Henry Bennet have done far more than any others could have effected, towards arousing our countrymen to the importance of pelvic lesions, and upon them, to whatever extent modified, have been based the teachings of Meigs, Byford, and most of our other authorities, old and young, of the present day. But the publications of the same author have also accomplished a great deal of evil, by practically inculcating, however unintentionally, the creed that all that is needed for the cure of the manifold disorders the female presents, is the possession of a speculum, and, what is still too often its sole accompaniment, some nitrate of silver. I cannot agree with one half of Robert Lee's arguments against the speculum, disappointed and unforgiving partisan that he was, but there can be no doubt that too great reliance upon this instrument often spoils a diagnosis, and that the undue or unskilful use of even so simple a caustic as that mentioned, often spoils a vagina. Scanzoni, a mere pathologist, and knowing comparatively little of practical therapeutics, I make this statement upon good authority, despite the warm encomiums of Dr. Gardner, is often unreliable; while to Tilt we are indebted for the useful suggestion, unconsciously given, to be more observant than he has been in our physical explorations. The more constantly we use the uterine sound, the less we find of the existence of real, and the more of pseudo-ovaritis.

"The frequency of the disease, or class of diseases, we are considering, to which the specific or generic, and frequently inappropriate, name of chronic metritis has been applied, is now admitted by all who know anything soever of uterine pathology. I am aware, indeed, that there are many, unduly influenced by that spirit of conservatism which is in other respects the salvation of the profession, who deny its frequency, and even its very existence, as is sometimes done of every other form of uterine disease. The time, however, of these gentlemen has passed. Scepticism in this direction has culminated, and those under its sway are beginning to be viewed with mingled feelings of wonder and pity, tempered perhaps with pride at the earlier achievements of these very persons, and with regret that the evil days of being left behind in the march are so rapidly drawing near for ourselves.

"Granting, then, the frequency of chronic metritis, or of its two chief classes, so well pointed out by Dr. Kammerer, the regularly or irregularly relative hypertrophy of the several uterine tissues, I proceed to the fact of their obstinacy under all the methods of treatment



usually employed. Upon this point I might adduce a large mass of evidence. That of the three metropolitan professors shall, however, suffice, and it is of the more weight from the fact that at least two of these gentlemen are fresh from beyond the seas, and, therefore, thoroughly posted as to the latest foreign advances in treatment. Prof. Barker avowedly considers, with Profs. Budd and Peaslee, that it "is one of the most intractable, rebellious, and unsatisfactory diseases we are called upon to treat," \* a very opprobrium medicorum; and yet upon this problem we have, all of us, Scotch, French, Germans, and Americans, been constantly at work for many years, constantly drawing nearer the goal, it is true, but in a stumbling, uncertain kind of a way, here a hit and there a miss, frequently going astray widely from the mark, never as yet fairly striking it, simply because our physiology being wrong or doubtful, and our principles of practice generally the very reverse of true, we had no rational basis of treatment. Such, however, may I hope, you will find that I am about submitting to you.

"A glance at what has been hitherto done must precede the advance. It is found that the past treatment of chronic metritis resolves itself into three great groups or measures, consisting of those that are purely constitutional, the result of a stubborn conservatism; those that are purely local, but yet mainly applied in the wrong place, the result of a too hasty radicalism; and those that are of both classes, so far wisely combined together. Rest and confinement to a recumbent posture on the one hand, exercise, even to horseback riding, on the other, have each had their advocates; as have total abstinence from coitus, and, perhaps upon the principle of *similia similibus curantur*, occasional or excessive indulgence therein, an abstemious diet and free license to the pleasures of the table, stimulants and depressants, tonics, alteratives, and general depletives. The trouble has been that these measures have too indiscriminately been resorted to; indicated in some cases, they have been counter-indicated in others, and yet the difference has not been perceived. In many they have been required in combination with more strictly local measures; in too many they have been employed alone.

"As regards local measures, also, in the great variety that have been resorted to, a similar natural grouping into classes is seen to obtain, according to the especial theory accepted by the practitioner. Those who have sworn by Henry Bennet and his school, forgetful of the first great maxim for us all to learn, *nullius in verba magistri*, have seen in chronic metritis but the result of inflammation of the os and cervix, making this, as has well been said, the base of their

\* Med. and Surg. Reporter, Dec. 22, 1866, p. 517.

pathological pyramid, and have accordingly stimulated the cervix on the one hand and depleted it on the other; irritating and counter-irritating, for both ends seem to have been had in view, though their measures were purely local; that is, applied to one and the same place, the cervix, putting aside for the moment the consideration of measures more justly counter-irritant, as applications to the abdomen, etc.; pleting and depleting, even at once, by endeavoring to cause more active cervical circulation, and, perhaps, at the same time endeavoring to allay it by scarifying and the like; the puzzled physician being fortunate if he took such precautions as ensured him from fright at the occasional escape of a leech into the uterine cavity. Cauterization of every kind, from Meigs' gentle antiphlogistic touch of the nitrate crayon to the more heroic, but far more effectual, potassa fusa and hot iron; douches of every variety, simple and medicated, varying from hot to cold, and applied from a single moment to an hour or more, and from a drachm to gallons; ointments of every make and hue, blistering and emollient, opiate and alterative, applied by vaginal suppository or by the finger of the attendant; and, worst of all, if too often repeated under the plea of ascertaining the patient's progress, the simple touch or an attempt by its mere pressure to produce an alterative effect. This is no fancy sketch. All these measures I have seen relied upon as sheet-anchors by masters in our art; through every phase of them I have myself plodded.

"Is it different with the school who have considered the uterine lesion the result of ovarian disease? Witness the abdomens bescarred, worse than ever by nature at the close of a pregnancy with quadruplets, by leechings and cuppings, blisterings and acupuncturings innumerable.

"Am I doing injustice to those gentlemen who have ignored the reflex and sympathetic influence of the ganglionic and excito-motory systems, and who, in their theory of direct spinal irritation, have left the apostles of 'hysteria,' 'general debility,' and 'anæmia' far behind? The city of Albany alone, certainly that of Boston, could afford enough poor backs, innocent of all truly spinal disease, that have yet been tortured by croton oil and by antimonial plasters, by the actual cautery and moxa, ay, and by bedsores that would seem to to have been intentionally inflicted, — enough did I say? — far more than enough to fill this hall.

"Do the believers in the all essentiality of displacements as the cause of chronic metritis, and in pessaries in one or another of their innumerable forms as the only treatment of displacements, fear lest I am slighting them? Let them understand, then, that while I defend the frequency of displacements against all who would deny it, I yet ac-



knowledge that ten pessaries are used improperly where one is used properly, that by that abomination of abominations, the abdominal supporter, speaking generally, without here considering its specific varieties and indications, and only excepting an elastic, well-fitting, and lifting bandage, displacements are very frequently made worse, or even initiated, and that in the daily or frequent use of the uterine sound, or, worse still, the finger of the operator, as the only means employed to elevate the uterus or to produce a cure, I recognize often but the grossest abuse of a license granted only to supposed scientific acquirements, and to a decent and honest man. These so-called manipulators or movement workers, of whom I have now known very many instances, are exposed to the chance they too often find a certainty, of awakening in their patient a slumbering passion, or of but pandering to the vilest of lusts.

“Am I giving too much importance to the cervix and those who bow down and worship it as their professional idol, upon which they stake their faith, and whence they receive their yearly income? I have described but a portion of what has comprised till of late, and even of late, the usual treatment of chronic metritis.

“There are other and wiser men who have recognized that to take the citadel its outposts must be passed, and who have directed their attention to the parts within. Leaving the outer hall into which the cervix projects, they have penetrated the middle and inner chambers, and, though stigmatized as too heroic in their practice, they have found and have tried to combat, however unsuccessfully, the real disease.

“In what way? By the same measures as have been applied to the os, omitting only the most important of all. They have introduced emollients and stimulants, opiates and astringents, caustics and alteratives, into the cavity of the cervix and into that of the uterus; and, though sometimes effecting a cure, it has been in the blindest way. These various agents have been thrown up in solution, or applied by brush or pledget of lint, passed in as an ointment by a porte-cerate, introduced in a solid state as suppositories, and there left, or as a bead fused upon a metallic rod, which allows it to melt off and is then withdrawn. Interstitial absorption or resolution has been attempted by pressure from tents of sponge or sea-tangle, or from intra-uterine bougies, either as a series of graduated dilators, the occasional passage of the sound, or the wearing, through days, weeks, or months, of stem pessaries, whether of a single metal, as copper, silver, or electro-plate, or of hard rubber, ivory, or bone. For the same end, and respective or irrespective, as the case might be, of the character of the catamenia, either as regards their quantity, quality, or regu-



larity of appearance, galvanic bougies of copper and zinc, placed end to end or side by side, have been resorted to. Each and every one of the measures referred to I have myself tried, not merely for their more usual indications, but for this specific end; in some cases with success, in others with failure, and, in still others, where there had been apparent failure, such a tendency to the reparative process had been established, that the removal of the patient to other surroundings, as, by advice or by her own impatience, to a water-cure, has at once effected recovery, the credit of which was not so much due to the apparent and generally only acknowledged last cause, as to the preparatory measures which had preceded it.

“ I have said that many of our brethren in this country have dared to penetrate to the very head-quarters of the disease. It will not be improper if I mention, in addition to the distinguished gentlemen whose debate I am now commenting upon, the names more particularly of Gaillard Thomas, of New York; Mack, of St. Catharines, C. W.; Greene, of Pittsfield, Mass.; Tewksbury, of Portland, Me.; and the veteran Henry Miller, of Louisville.

“ There was one step further, however, to be taken, and that it is my purpose now to indicate. It is not a measure that is always of itself sufficient to enable us to reach the goal; it is one, however, that is generally, I might indeed say always, of very essential importance for this, namely, *the scarification of the fundus uteri*. This method of treatment is constantly resorted to in the instance of inflammation, congestion, or engorgement of the os and external cervix; but beyond this point few have thought or dared to go with their lancet in hand; or, if the cavity of the cervix has been thus invaded, it has been for a wholly different purpose than the special one that is indicated. Thus Huguier, who undoubtedly performed this operation of scarifying the cervical canal, resorted to it only prior to the use of caustics, and simply that he might ‘expose the glandular structure of the cervix more directly to the action of the caustic succeeding.’ \*

“ The idea of artificially abstracting blood from the uterine cavity is not, *per se*, a new one. It is, indeed, but following out the indications of nature, as shown to us at the menstrual periods, and in the hemorrhage following parturition; that is to say, given a congestion, normal in these instances and periodical, it is allayed by a critical discharge. It is not necessary for me here to discuss at any length collateral questions connected with either the lochia or catamenia, as to the function performed by the uterus as an accessory respiratory organ, or as to the effect of lactation calling the tendency of the cir-

\* Graily Hewitt: Diseases of Women, 1863, p. 524.

culatation away from the uterus, in reflexly stimulating that organ to a free discharge of muscular debris, rendered useless by the close of gestation, and to the normal degree of involution by which it is restored to its former condition of comparative atrophy. I simply refer to these points as affording indications of treatment for the disease or diseases we are now studying.

“ I have said that the abstraction of blood from the uterine cavity is no new idea. It has, however, been confined, so far as I am aware, by those who have published upon the subject, to the relief of partial amenorrhœa, or to the re-establishment of the menses in the event of their complete suppression. I am not now speaking of the modes of effecting these ends, of a reflex or purely medicinal character, as by galvanism, or by drugs stimulant, alterative or hæmapoietic, nor of the intra-uterine applications so frequently employed and so frequently useless in chronic metritis, and so often successful in amenorrhœa, but to the direct abstraction of blood from the uterine cavity, which Simpson attempted and accomplished by the use of his intra-uterine air-pump, a method of treatment which I have no doubt gentlemen now present have also used with satisfaction. In a former paper of my own upon the surgical treatment of amenorrhœa,\* I pointed out the advantages and disadvantages of this instrument. By it I have repeatedly induced and kept up the normal menstrual discharge, even where it had never before appeared.

“ Thus far, however, the principle of direct depletion had only been applied for the increase or re-establishment of the catamenia. Some seven years ago or more, it struck me that it might with advantage be resorted to during the menstrual interval, for the treatment of uterine inflammations, congestions, and engorgements, whether acute or chronic. I based my reasonings upon the following facts, which must be familiar to all. We have a case of hypertrophied uterus, perhaps with the os open, perhaps with it closed, and with or without an increased menstrual flow, or an alkaline leucorrhœa. Imagining that there may be an intra-uterine polypus, we search therefor and find nothing. Upon the supposition that there exists the so-called polypoid condition of the mucous membrane lining the cavity, and either assuming that there is present, or detecting, a turgid and perhaps unusually plicated condition of this membrane by the touch, we scrape out the cavity by Recamier's curette, produce more or less profuse hemorrhage, and often find our patient wonderfully improved. This has frequently been my own experience.

\* Amer. Jour. of the Med. Sciences, Jan., 1864.



“Again: In a similar case we have resorted to sponge tents, and finding nothing requiring direct operative interference, we yet shortly discover at times that the enlargement of the uterus is soon measurably lessened. How is this effected? Not by the mere pressure of the tent alone, which undoubtedly does do some good, as Marion Sims has shown, especially where true neoplasms have existed, but by the hemorrhage that is not unfrequently produced by the fibrillæ of the sponge having almost as closely penetrated into the interstices of the uterine mucous membrane, as do the chorionic villi of the placenta, and their forcible separation from each other may be attended by hemorrhage, less in quantity it is true, but effected much in the same way as occurs during the other disseverment to which I have referred.

“Moreover, we have, all of us, when operating for dysmenorrhœa depending upon organic contraction of the cervical canal, by means of the hysterotome, an operation that is, of course, performed during the menstrual interval rather than at its period, for fear of greater hemorrhage, if not of peritonitis, we have at that time observed that after the operation, not only is the dysmenorrhœa lessened, but also frequently the size of the uterus, provided this has been hypertrophied.

“Still again: More than once when removing sessile tumors from the fundus uteri by the knife, or gouging out portions of them on the plan of Baker Brown, or incising them with the hope of producing their enucleation, after Atlee, each of these measures being attended by hemorrhage, more or less profuse, I have noticed a general lessening in size of the uterine parietes, which could not be accounted for merely by the operation that had been performed, and the loss of substance, from whatever means, that had thence ensued.

“And, finally, we sometimes see during the intermenstrual period in non-pregnant women far from the final climacteric, who may have complained or not of uterine disturbance, but this non-malignant in its character, sudden and sometimes profuse gushes of hemorrhage, followed by unusual feelings of comfort or relief; such being truly critical discharges, at once suggestive and curative of a local plethora.

“Arguing from these premises, I decided that direct depletion might be resorted to for the relief of the body of the uterus, as well as its os and cervix.

“How could this best be effected? At first I tried the intra-uterine air-pump to which I have alluded, but found that it produced unnecessarily great lacerations of the uterine mucous membrane, this



entering the fenestræ of the instrument under forcible suction, and clinging closely to them while it was being withdrawn. Having little dread of the uterine cavity, I then proceeded to further measures. I had already been publicly berated for having been the first, so far as I yet know, to suggest the application of potassa fusa within the body of the uterus, — a method to which many other gentlemen are now in the habit of frequently resorting, — and as I have said, I had made little scruple of applying the knife or scissors to internal out-growths. With the hysterotome and a variety of bistouries cachées, especially that of Blandin modified by Guerin for the radical cure of hernia, I endeavored to get control of the uterine cavity so far as concerns blood-letting therefrom. These instruments, to a certain extent effecting my purpose, were yet somewhat dangerous to the patient, and occasioned a certain measure of anxiety to myself.

“During the course of these investigations, and rather more than three years ago, it came to my knowledge, purely by inference, that a neighboring practitioner was scarifying the interior of the uterus. Patients frequently came to me who had been previously under the charge of this gentleman, and they all told me the same story, namely, that the uterine sound had been passed, and had been immediately followed by hemorrhage, leaving only a single belief possible, such result not generally following the alleged cause, that the sound used had been hollow, and had contained a concealed blade. This discovery made me renew my efforts to obtain what I had for some time seen was indicated. Thus matters went on until May of the past year, when, through a third party, also a physician, and in a perfectly honorable manner, the instrument itself fell into my hands. During the next five days I tested it upon nineteen of my private patients, and satisfied myself that at last what I sought I had found. It was simply, as I had supposed, a hollow sound, and in reality but a slight modification of



Ricord's urethral scarificator, the knife emerging upon the concave instead of the convex margin. Feeling that credit was due to Dr. Miller, of Dorchester, for his application of this instrument to the uterine cavity, I desired that he should himself take opportunity to bring it before the profession, after the three years or more, during which he had constantly employed it in practice, and I sent him a message to this effect. After the time named by me had expired,

without such publication upon his part, he asserting, as I understand, that he had already shown the instrument to several of his neighbors, the secret being apparently kept by them, I had no hesitation in using the scarificator openly, giving all the credit to its original employer that could be done consistently with the spirit of Chapter 2, Article 1, Section 4, of the code of ethics of the American Medical Association. The publication of the instrument by Dr. Miller was finally made to the Norfolk District Medical Society of Massachusetts, on November 14, 1866,\* — some seven months after he knew that it was in my hands. To this form of scarificator, though an improvement upon my own previous instruments, there were certain objections, as I found in practice.

“*First.* It was kept clean with great difficulty.

“*Second.* It was too flexible, allowing the knife to become caught under the edge of the sheath, when this was at all twisted, as frequently occurred when a displacement existed.

“*Third.* The instrument in this event, required to be wholly withdrawn before it could be used, and,

“*Fourth.* It was, like the earlier styles of sound and intra-uterine porte caustique, furnished with a knob at the 2½-inch point, which is sometimes an obstacle to the introduction of any instrument to a further depth, if this is necessary.

“I have, therefore, had manufactured by Mr. Tiemann, a modification of the scarificator, which overcomes all these difficulties. It is more easily introduced than the other, more readily cleansed, and is in other respects superior to it. It besides does not so certainly convey to the patient, as I have reason to believe has occurred with the other instrument, the deceptive idea that the sound only is being employed. Honesty in medical matters is not only the best policy, so far as the surgeon himself is concerned; I believe that, oftener than we imagine, a resort to it upon his part is also for the patient's good.

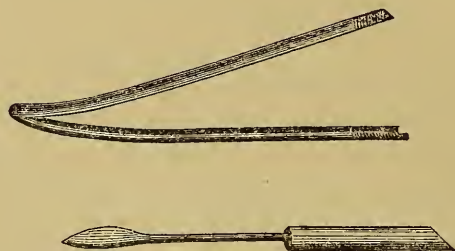


Dr. Storer's Intra-uterine Scarificator.

“It will be seen, by the above wood-cut, that my intra-uterine scarificator forms a very simple and compact instrument. A hollow-stem, six inches long, receives at its lower extremity a hinged sheath,

\* Boston Med. and Surg. Journal, March, 1867, p. 133.

entering the first and there fastening by a screw thread. This sheath is three inches in length. Through the continuous canal thus formed there passes the knife, which is attached to a slender staff, and may be advanced or withdrawn by a button near the handle of the instrument. The latter is attached to the tube by a screw, and may be readily removed, both for the purpose of cleansing the blade and shortening the instrument when to be packed in its case. The hinged sheath of which I have spoken is provided with a slit on its anterior portion, for the emergence of the knife, as will be perceived by the cut below : —



“Blood-letting by the simple process of scarification is then possible for the uterine cavity, and we are now able to treat its diseases upon an antiphlogistic or merely a slightly depletive basis, as circumstances may require, — that is to say, upon the same general principle that we apply to the rest of the body. The cases for which this method is available are very common, and I can truly say that thus I have repeatedly produced a greater amount of relief in a week or two than I had previously been able to effect during many months. I used at first to immediately precede its employment by the uterine sound, that I might be sure of the length of the uterine cavity, and that I might restore the organ, if displaced, to its normal position, before introducing the scarificator. With my own stiffer instrument, these precautions are often unnecessary, and the dilatation of the cervix effected by its entrance allows any effusion of blood, however profuse, to escape ; generally, however, except in extreme congestion, the amount of hemorrhage effected is but small. I ordinarily make several linear incisions throughout the whole length of the uterine cavity before finally withdrawing the instrument, turning it about to the four points of the compass, and sheathing or unsheathing the blade as occasion may require. It will be perceived that the depth of the blade renders it impossible to do more than simply scarify the mucous membrane, unless employed too soon after the catamenial period, when, exfoliation of the mucous membrane having taken place, a deeper tissue might be reached.

“It will be perceived that the measure now described at once harmonizes the conflicting views, as to treatment, of our friends who con-



ducted the discussion upon chronic metritis at the Academy of Medicine. Prof. Budd points out the benefit often produced in these cases by ordinary menstruation, and argues, therefore, that a certain measure of depletion is indicated,—a view with which I certainly agree. Prof. Peaslee recognizes the phenomenon to which allusion has just been made, and would hence make of chronic metritis a recurrent and clonic, rather than a persistent and tonic, affection. He has seen serious results produced by free depletion at a comparatively distant point, as at the os uteri. He does not understand how depletion at the os can effectually relieve any serious trouble within, and, in case of any depletion whatever, he would restrict it to a very small extent at any given time. These are each of them positions that cannot too cordially be acceded to. Prof. Barker again, while apparently differing in toto from his antagonists, in that he has not of late years relied upon depletion in these cases at all, yet bases his objections to it upon the facts that by leeches the loss of blood is often carried to a degree dangerous to patients who are already anæmic, and that the depletion, to be effectual, should take place at the very seat of any congestion, inflammation, or engorgement, to combat which it is employed. ‘Whether the amount of liquor sanguinis of the body of the uterus becomes decreased by depletion of the cervix seems,’ he says, ‘very doubtful.’

“Do I pretend, then, to say that the so-called chronic metritis can be rendered more curable? I do. Do I assert that reliance should always be placed upon the intra-uterine scarificator alone? I do not. But I do believe that, thus accompanied, the other measures that may be advantageously employed in given cases, may be resorted to more scientifically, and with less empiricism, than has hitherto been the case. I have already enumerated a host of measures that are commonly employed, some of them at times useful, others of them seldom or never. There are several, however, well grounded in their application, that I have not known employed for this especial purpose by others than myself.

“You will pardon me for trespassing so much upon your patience, but in view of the despairing expressions of Profs. Budd, Peaslee, and Barker, I think it possible you may have been interested in the paper now read. More particularly would I rest my argument upon the remarks made at the close of the New York discussion. Regarding hypertrophy of the body of the womb, frankly confessed Dr. Kammerer, that he did not know what to do. How the body of the uterus in this condition was amenable to surgical measures, he did

not understand.\* ‘If,’ said Dr. Peaslee, ‘we cannot affect the body of the womb, as has been asserted, by an application to the cervix, of course all local treatment must be abandoned as useless.’ ‘As to removing the induration of the uterus,’ he continues, ‘I regret that I cannot shed much light upon that point. We must trust mainly to medicinal measures, and especially to time.’” †

The statements made in the foregoing extracts in regard to the course pursued by Dr. Miller, of Dorchester, have never been denied by that gentleman; hence, so far as concerns priority in bringing the practice before the profession, Dr. Storer remains master of the field. Dr. Miller’s scarificator is, as stated above, simply a hollow sound, with a slot extending the whole length of it, the knife attached to a slender staff being worked backwards and forwards in it by a button near the handle. The handle may be unscrewed, and the knife withdrawn at pleasure. This instrument is objectionable in practice for reasons which have been stated.

Dr. Storer, as will have been perceived, has improved upon this instrument, or rather devised a new one. To Dr. Storer’s instrument there are, however, also objections.

1. The knife is liable to be dulled while it is being withdrawn. This liability amounts, in unskilled hands, to a certainty.

2. The tube is not uniform in size.

3. The instrument is not sufficiently stiff, especially in its upper portion.

4. It is rather difficult to put the parts together without dulling the blade. One not familiar with it would be puzzled sometimes to put them together at all.

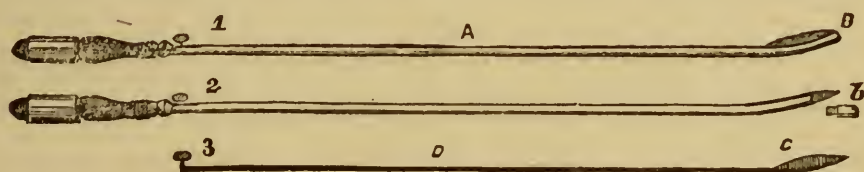
This instrument is, however, far superior to Miller’s,

\* Phil. Med. and Surg. Reporter, 29 Dec., 1866, p. 535.

† N. Y. Med. Record, 15 Jan., 1867, p. 530.

and in skilful hands, like those of its inventor, undoubtedly subserves its purpose well.

A little less than a year ago I devised a modification of Storer's Scarificator, which I described in the Boston Medical and Surgical Journal for 1868. It is represented in the accompanying wood-cut, and consists of a tube (A, Fig. 1), in length, and average size like Simpson's sound, and curved at the upper extremity. The cut misrepresents the curve, which is more gradual, although about the same in amount. The knife (c) unscrews from its staff (d) so that the whole can be withdrawn from the tube without dulling



Pinkham's Improved Uterine Scarificator.

the blade. There is a slot at the lower part of the tube for the button attached to the staff, and one in the upper part for the emergence of the blade. A little piece (b) screws into the end of the tube. When this is removed the knife can be thrust directly out, as in Fig. 2. A small stiff wire tipped with hard rubber accompanies the instrument, being necessary for cleansing the tube, and for holding the knife-blade while its staff is being screwed on. An examination of the instrument will readily reveal the manner of taking it apart and putting it together. The tube can be cleansed of blood by a stream of water, and dried by a wisp of cotton pushed through it with the wire.

I claim for this instrument the following advantages:

1. It possesses a sufficient amount of stiffness.
2. It can be easily and completely cleansed.
3. It can be used for puncturing the os in the ordinary scarification of the cervix.



There is no possibility that the blade of the instrument should catch under the sheath, as the margins of the latter are immovable, and the edge of the blade never goes entirely beneath them.

Since the first account of the instrument was published, I have caused the knife blade to be so modified in form, that, as it passes backwards and forwards in the slot, it rides upon the lower two thirds of its back, leaving the upper third free. This enables us to have a cutting edge on both sides of the blade, near the point, thus rendering it more serviceable for puncturing. I have been using this scarificator constantly, in my practice, since it was devised, and find it to work so well that I cannot see that it leaves anything to be desired. A longer experience with it may, however, suggest further modifications.

That local depletion is of advantage, and, indeed, indispensable, in the treatment of congestion, hypertrophy, and inflammation of the cervix uteri, there can be no dispute among gynæcologists. Nor will it be claimed that these conditions are essentially different in their pathology when they affect the body and fundus of the womb. Hence it would seem unnecessary to attempt to prove that local depletion would be of value when applied to the treatment of the so-called chronic corporeal metritis, and endometritis. The only difficulty has been to get at the seat of the disease, to apply the remedy, and this has now been removed by the suggestion of intra-uterine scarification, and the invention of the scarificator.

But there is a great timidity among many gynæcologists, and especially among non-specialist practitioners, in regard to medicating, or in any way interfering with, the cavity of the womb, except in those cases which demand, from their threatening nature, that the risks

of heroic surgical treatment be incurred. At the head of these timid uterine specialists, stands Scanzoni, as is evinced by his remarks on page 51, of the American edition of his work on the Diseases of Women.

He says: "One may have all the familiarity and dexterity possible in the management of this instrument; but that will not at all prevent, that, in certain cases, its introduction into the cavity of the womb will be met with great difficulties, and will cause irritations more or less serious, and lesions of the mucous membrane. A good number of cases are known where the uterine sound, even in the hands of the most skilful and most celebrated practitioners, has excited abortion, caused violent uterine colic, and even metritis and peritonitis, seriously compromising the life of the patients. In consequence, even were the sound capable of giving the most important knowledge, in a diagnostic point of view, the physician would be bound to use the greatest prudence in its employment. How much the more now that we are convinced that its utility is at least very secondary ! For it is undoubted, that the employment of this instrument will very rarely assist to establish the diagnosis of diseases which other modes of exploration cannot enable us to determine."

A young practitioner, reading this paragraph, would be likely to be too fearful in employing the sound, whereas there are really no dangers whatever connected with its skilful use. The scarificator can be introduced with equal ease and safety, and if, by any means, contusion or other injuries should result to the intra-uterine mucous membrane, from its unskilful employment, the local depletion following the scarification would lessen the liability to acute inflammation.

That this measure of treatment has been abundantly successful in the hands of its original proposer, and

others, will be attested by that gentleman, and confirmed by those of us, his pupils, who have had some experience in the same direction.

Dr. T. Gaillard Thomas says, in his recent work on the Diseases of Women: "Depletion, upon theoretical grounds, should be followed by most excellent results in corporeal uterine inflammation, and yet it is not so. So decided is my experience upon this point, that I cannot but think that that of others must be similar to it," etc. These remarks I understand to apply to depletion of the cervix for corporeal disease, and not to scarification of the fundus, which Prof. Thomas omits even to mention; the former can hardly be said to be local, with reference to the affections named, as the cervix is so far distant from the seat of the disease, and has in so large a measure an arterial supply from a different source. I do not think, however, that the experience of every gynæcologist would accord with the sweeping opinion expressed by Dr. Thomas.

It will not be claimed by the advocates of intra-uterine scarification, that it is to supersede all other measures of treatment. It is only one of the many methods of giving relief; but it must be conceded to be among the most powerful. I cannot doubt that when fully and fairly tried, the verdict will be strongly in its favor.



## AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY.

## I.

BY HORATIO R. STORER.

[Read before the Society, June 1, 1869.]

NOTHING seems yet to have been done towards collecting materials from which to judge of what America has done in the past towards establishing the foundations of gynæcology as a science. We are all of us accustomed to consider what we know as borrowed from authorities abroad, and to ignore the fact, even if conscious of it, that, just as in general medicine and surgery, so in the diseases of women, there has as good work been done on this side of the water, by purely American practitioners, bred such, and such in originality, as by any elsewhere. It will not be uninteresting to gather together, for other hands to use to a better purpose, what we can of these buried histories.

We shall be pardoned if we first present the gynæcic records of New England. To set forth in this connection all that New Englanders have done for the diseases of women will be impossible; for many of them, especially of late years, have, for a local reason, been constrained to publish their communications in distant journals. An abstract of such contributions, however, we shall trust in due time to restore to the place which should first have known them.

Previous to the establishment of the Massachusetts Medical Society, in 1781, little or nothing seems to have been done, in this direction, of a scientific character. We had hoped that the literary and historical researches of the present worthy Mayor of Boston, Dr. N. B. Shurtleff, and those of Dr. Oliver Wendell Holmes, during the preparation of his late lecture upon "The Medical

Profession of Massachusetts," for the Lowell Institute Course of the Massachusetts Historical Society,\* might have discovered many facts worthy our notice; but such seems not to have been the case. Barring the wild vagaries of Cotton Mather and other medico-religious enthusiasts, themselves the excitors in great measure of the hysteria they attributed to Satan's devices, we find but a barren field. Bold, indeed, would the practitioner have been, who, in the early colony times, had dared to make a vaginal examination save during the progress of childbirth. Hardly even could the clergyman's gown have saved him from the fate that befell so many Boston and Salem patients.

"Not for the sake," says Dr. Holmes, "of degrading the aspect of the noble men who founded our State, do I refer to their idle beliefs and painful delusions, but to show against what influences the common sense of the medical profession had to assert itself.

"Think, then, of the blazing stars that shook their horrid hair in the sky; the phantom ship, that brought its message direct from the other world;† the story of the mouse and the snake at Watertown;‡ of the mice and the prayer-book;§ of the snake in church;|| of the calf with two heads;¶ and of the cabbage 'in the perfect form of a cutlash,'\*\*—all which innocent occurrences were accepted or feared as alarming portents.

"We can smile at these; but we cannot smile at the account of unhappy Mary Dyer's malformed offspring;†† or of Mrs. Hutchinson's domestic misfortune of a similar character,‡‡ in the story of which the physician, Dr. John Clark, of Rhode Island, alone appears to advan-

\* Delivered January 29, 1869.

† *Magnalia*, book i., chap. 6. Winthrop, *Hist. of New England*, vol. ii., p. 328.

‡ *Life and Letters of John Winthrop*, p. 108.

§ Winthrop, *Hist. of N. E.*, vol. ii., p. 20. || *Ib.*, vol. ii., p. 330.

¶ Mather Papers in *Hist. Soc. Coll.*, 4th Series, vol. viii., p. 614. \*\* *Ibid.*

†† Winthrop, *Hist. of N. E.*, vol. i., p. 261. ‡‡ *Ib.*, p. 271.

tage; or as we read the Rev. Samuel Willard's fifteen alarming pages about an unfortunate young woman suffering with hysteria; \* or go a little deeper into tragedy, and see poor Dorothy Talby, mad as Ophelia, first admonished, then whipped, at last taking her own little daughter's life, put on trial, and standing mute, threatened to be pressed to death, confessing, sentenced, praying to be beheaded, and none the less pitilessly swung from the fatal ladder. †

"The cooper's crazy wife — crazy in the belief that she has committed the unpardonable sin — tries to drown her child, to save it from misery; and the poor lunatic, who would be tenderly cared for to-day in a quiet asylum, is judged to be acting under the instigation of Satan himself. ‡ Yet, after all, what can we say, who put Bunyan's 'Pilgrim's Progress,' full of nightmare dreams of horror, into all our children's hands, — a story in which the awful image of the man in the cage might well turn the nursery where it is read into a mad-house?" §

Even obstetric cases, previous to 1750, were seldom attended by male practitioners, and many, doubtless, were the avoidable deaths at the midwives' hands. Drs. James Lloyd and William Douglass, of Boston, and Dr. Holyoke, of Salem, seem to have been the first accoucheurs with any pretensions to skill in New England. Dr. Lloyd studied in the mother country under Smellie, Hunter, and other eminent teachers, and it is to be regretted that no records are left of a practice which must have done so much towards influencing that of his contemporaries and successors. He died in 1810, aged eighty-two.

Dr. Douglass, a native of Scotland, but educated

\* Case of Elizabeth Knapp, Hist. Coll., 4th Series, vol. viii., p. 555.

† Winthrop, Hist. of New England, vol. i., p. 279. ‡ *Ib.*, vol. ii., p. 65.

§ Lowell Lecture, p. 35.



partly at Paris and Leyden, came to Boston in 1717, being then about twenty-five years of age. He lived till sixty, dying very suddenly, but not until he had made such a mark upon the profession as might have been expected from one whose Scottish shrewdness and natural intelligence, enhanced by his life on the Continent, had come in unpleasant contact with native Boston physicians, whose provinciality even at that early day had, doubtless, considered this metropolis the hub of the universe, even though their conceit had hardly gone to the pitch of introducing the term themselves. Hear how pleasantly he describes the brethren: "There is frequently more danger from the physicians in Boston than from the distemper." And again: "In the most trifling cases they use a routine of practice. Bleeding, vomiting, blistering, purging, and anodynes; and, if the illness continued, there was repetendi, and finally murderandi." That such an emphatic man as this used the obstetric forceps even at that early day, and received praise for it from Smellie, is no more than might have been expected.

Dr. Holyoke died in 1828, reaching the remarkable age of one hundred. As with Dr. Lloyd, in his early professional life, obstetric cases were wholly in the hands of ignorant midwives, and he was only called to them in extraordinary emergencies, or to rectify blunders which had been made. Indeed, he had been six years in practice when, in 1755, he had the first opportunity of taking the sole charge of a patient, and it was not till five years afterwards that he makes record of "the first common easy birth which ever came under his management."

In the year 1790 there was issued the first of the medical papers communicated to the Massachusetts Medical Society, and from that time to the present, for a period

of more than three-quarters of a century, there have appeared, through the channel referred to, occasional articles upon gynæcological subjects, their very existence unknown to many of our contemporaries, for the volumes containing them have long been out of print,\* but which would do credit, some of them, to writers of any nation. It will be perceived that for many years the articles were upon points connected with gestation and delivery, probably from the cause already referred to.

The first number of the Society's Communications contains an abstract of Dr. Edward Rigby's classical essay upon unavoidable uterine hemorrhage. This is preceded, however, by papers of much greater interest to us.

The first of these is "An Account of a Preternatural Obstruction in the Vagina," by Dr. Joseph Osgood, of Andover.

The case was one of pregnancy commenced and completed in spite of an atresia vaginæ, dating from an injury seventeen years previously. Upon consultation with Dr. Brickett, of Haverhill, it was decided that the complication was such as to prevent delivery. Dr. Osgood, therefore, proceeded to operate, dividing the adhesions, which extended from the perineum to the urethra, and were of considerable thickness. Living twins were delivered, and the patient subsequently had four other children without any difficulty.

In the same volume, 1780, is an article by Dr. Joseph Orne, of Salem, detailing "An Experiment for determining the Expediency of the Sigaultian Operation for increasing the Pelvic Diameters by division of the Symphysis Pubis."

\* I have been enabled to consult a full series of the Communications of the Massachusetts Medical Society through the courtesy of its owner, Mayor Shurtleff. Strangely enough, there is as yet no copy in the Public Library of the city of Boston.

Dr. Orne commences his very interesting communication, by stating that his experiment was instituted in the hope that Sigault's proposal, now long since condemned, might prove a "comparatively gentle substitute for a terrible process, that could be suggested only by the prospect of immediate death, and never practised but in circumstances bordering on absolute despair."

An opportunity had presented itself of making an autopsy in the case of an eighth-month patient who had died undelivered, the attending physician hoping to discover some local cause of the convulsions from which the patient had deceased. There remaining a few moments after the examination was completed before the gentlemen present would be disturbed, Dr. Orne had the patient's thighs forcibly separated, and so far as possible the connecting ligaments of the symphysis. He then divided these with a bistoury. "The instant," he says, "that the division was effected, the parts flew asunder nearly two inches, with the violence of a bow suddenly cut in two when very forcibly bent. By separating the thighs still further, the ends of the bones were made to recede at least two and three-quarters inches, and I think, if necessary," he continues, "that another quarter of an inch might have been obtained, which, I presume, would have been quite sufficient to remove any such difficulty as might make this operation on a living subject ineligible." The doctor allows, however, that the performance of symphyseotomy upon the living subject would be attended with immediate danger, from the fact that the sudden separation of the ilia, while the knife was pressed down in the act of dividing them, might allow it to forcibly slip and do irreparable mischief.

The second part of the first volume of the *Communications* was published in 1806. It contains an account



of a case of ruptured uterus, by Dr. Oliver Prescott, of Groton.

The subject was a multipara who had had two dead children at maturity and five abortions, and the lesion occurred in the course of a protracted labor, just as the employment of instruments had been decided upon, but before they were applied. The foetus escaped into the cavity of the abdomen. This accident "imposed the disagreeable task," to quote the language of the reporter, "of giving a frank and unequivocal opinion that it was absolutely out of the power of art to afford any essential relief. It was unanimously agreed to give no additional pain by a fruitless attempt to deliver her, but to keep her as easy as possible; and wait the tragical event." At the post mortem, there was found antero-posterior contraction of the pelvic brim.

Too many patients with ruptured uterus are sacrificed, in these latter days of advanced obstetrical knowledge, to the miserable let-alone policy pursued by Dr. Oliver Prescott.

A remarkable case, were it not for the fact that it must have been one of malingering, is that of the passage of winged insects from the female bladder, reported by Dr. Joshua Fisher, of Beverly, vice-president of the Society. The possibility of imposture does not seem to have entered the worthy doctor's mind; indeed, he states that the woman's veracity was unquestionable.

Vesical entozoa doubtless exist, but they are not like bots in horses and the larvæ of flesh-flies, and do not progress to still further transformations. Had such been, however, the case, the imago would not have been hatched prior to its discharge, as the impostor persuaded Dr. Fisher.

The observations on the lymphatic distension of the

lower extremities of women, while in the puerperal state, by Dr. Edward Wyer, of Halifax, N. S., and afterwards of Cambridge, an Honorary Fellow of the Society, give an excellent resumé of what was then known concerning the pathology and treatment of crural embolism. The paper is replete with good sense; but with regard to the most prevalent theories concerning the causation of the malady, Dr. Wyer "could not think there was a shadow of reason to support an opinion that either of them had the smallest influence in producing the disease." He had studied it in his own wife, among other patients; "to them he was very attentive, though, he feared, but of little use." Out of nine hundred and eighty-nine obstetric cases that he had attended, but five had been attacked by phlegmasia dolens. His views fall far short of those held by most scientific accoucheurs of the present day; but the paper is well worthy perusal, if for no other reason, for the wisdom of the remark, that "the profession may be benefited in some degree by knowing what has been found useless, as well as what is useful, in particular diseases."

Immediately following Dr. Wyer's paper, comes "The History of a Retroverted Uterus," by Dr. Edward Augustus Holyoke, of Salem. The patient, four months gone in pregnancy, had previously borne two children. She was suddenly seized, after a fright, with the symptoms usually attending retroversion during gestation. Suffering thus for a week, she finally consulted Dr. Holyoke, who at once made a correct diagnosis from the history of the case, but deferred for three days confirming it by an examination, in deference, probably, to the spirit of the time, meanwhile purging freely, and bleeding from the arm. On the tenth day an unsuccessful attempt was made to reduce the dislocation, by combined bimanual manipulation through the vagina and rectum.

This was finally accomplished upon the day succeeding. The patient went her full time, and was delivered of a living child. The conduct of the case seems in many respects to have been admirable.

We come next to a second paper by Dr. Joseph Osgood, of Andover. It is an account of an extravasated tumor on the labium pudendi, soon after delivery. It was the first case of the kind occurring to Dr. Osgood, in the course of forty years' practice, and the tumor reached the size of a child's head, not making its appearance till the labor had been completed. The case was left to nature, and on the third day spontaneous rupture occurred, with the escape of many coagula. Recovery ensued.

A similar case, similar in its result, though different in its causation, is recorded in the paper immediately following the communication by Dr. Osgood. It is entitled "The History of an Hemorrhage from a Rupture on the inside of the Left Labium Pudendi," and is by Dr. Nathaniel W. Appleton, of Boston. This is the first of the papers published by the Society upon any gynæcological subject unconnected with the puerperal state.

Dr. Appleton was called to a woman near the climacteric, but still menstruating, who had strained herself the day before when carrying a tub of water upstairs, and was now flooding profusely. Though she was apparently moribund, the doctor made no examination at first, as he was under engagement to another woman in labor, and contented himself with merely administering a stimulant, supposing, indeed, from the patient's statement of a large pudendal tumor, that this was simply a hernia, and that the bleeding was from menorrhagia. A few hours later, being then at leisure, he took occasion to make an examination, and was undoubtedly surprised



upon ascertaining the true state of the case. The doctor acknowledged that "such a deliquium existed as might have terminated in death," but does not refer to the fact that in such an event, he himself would have been culpable for having subjected the patient to such a frightful risk by so long delaying physical examination, which might so quickly have been made, and for neglect of which his engagement by another patient afforded no excuse.

In the same volume there is communicated "A Remarkable Extra-Uterine Case," by Dr. George Osgood, a son of the Dr. Joseph to whom we have already honorably referred, and also of Andover.

The patient, who had previously had two children, became again pregnant in October, 1784. Five months subsequently, without any warning, there occurred profuse vomiting of pus, and upon examination a tumor was found occupying the left hypochondric region. At the full term, the parturient molimen took place and continued for twenty days. Motion in the foetus then ceased, but it was not till a month later that Dr. Osgood became convinced that the pregnancy was extra-uterine. She was subsequently delivered of five mature children, and had many abortions. Death finally occurred in 1802, more than seventeen years after the mal-conception took place. At the autopsy there were found in the Fallopian tube the bones of a full-grown foetus.

Dr. Osgood also gives the abstract of a very similar case, which was first reported in the "American Magazine," printed at Boston in 1746.\* This patient, a resident of Gloucester, missed labor at the expiration of her second pregnancy, in 1730, the pains commencing, but ceasing. She subsequently had six children, by two husbands. The bones of the retained foetus commenced

\* There is no copy of the above work in the Public Library of the city of Boston.

discharging themselves through the umbilical region sixteen years subsequently to its conception. Most of them were thus spontaneously gotten rid of, but a portion were removed by incision, in the presence of the Rev John Lowell and the doctor's two sons, by a surgeon, whose name I have, as yet, been unable to discover. At the autopsy, death occurring four days after the operation referred to, it was found that the fœtus had been contained in the left Fallopian tube, which was adherent to the peritoneum at the point of discharge.

In a paper upon crural hernia, contained in the volume now under consideration, Dr. John C. Warren published the following important statement concerning its importance and frequency in women: —

“Many suffer from hernia without suspecting it, especially females, numbers of whom, affected with a small, almost imperceptible tumor in the groin, are little aware that it constitutes a derangement which, if neglected, may produce a painful disease and death. It is here well known that females supposed to be affected with bilious colic, have often concealed the existence of an abdominal tumor till too late, and perished miserably from a strangulated hernia.”

The second volume of the Medical Communications of the Society covers the period extending from 1809 to 1813, and commences with “Observations on the Lymphatic Swelling of the Inferior Extremities of Puerperal Women,” by Dr. James Mann, of Wrentham, read in February of the former year. This paper is not, we think, to be compared with that of Dr. Wyer, already referred to, upon the same subject.

Dr. Amos Holbrook, of Milton, reports in the same year, 1809, a case of ovarian dropsy, tapped repeatedly, and fatal at the end of eleven months, well illustrating the wretched practice still so prevalent among us, and

the report is evidently made, as often still, with an ignorant pride.

Dr. Matthias Spalding, of Amherst, N. H., communicates, through Dr. Holyoke, of Salem, a case of obstinate tonic spasm cured by electricity. It was, we cannot but think, of an hysterical character, although the girl had not quite reached the usual period of puberty.

Dr. Joshua Fisher, of Beverly, again communicates a paper; at this time upon "The Use of Sulphate of Copper in Uterine Hemorrhage," a very brief statement, unsupported by corroborative evidence; and Dr. James Mann, of Wrentham, also a previous contributor, follows this gentleman with another article upon menorrhagia and leucorrhœa. The paper is a very interesting one. Several cases are detailed, in not one of which was the slightest physical examination made; but the therapeutics, employed empirically, resulted at times in success. Particularly is this true of calomel and the employment of blisters to the sacrum, both of which there is reason to believe have, in certain cases, been too much neglected by ourselves.

Dr. Mann's explanation of the theory of cure is in both instances sufficiently old-fashioned. "Does calomel," he inquires, "produce its salutary effect by exciting a mere morbid action? Upon this principle a dose of tartrate of antimony, imprudently taken by a person with dyspeptic symptoms, which had for a great length of time resisted common remedies, after operating with so much severity as to cause life to be despaired of, cured the disease. Upon this principle, an injudicious exhibition of digitalis to a man laboring under a dropsy, and which operated five days incessantly, removed every symptom of complaint. Upon this principle, a person just beginning to recover from the lowest stages of typhus fever, and who had wholly lost the power of



articulation, immediately recovered his speech in consequence of severe pains induced in his stomach and bowels by eating a cucumber which was inconsiderately given him by his nurse, and did not relapse again into his speechless state upon the removal of pain."

At the present day the unequivocal advantage gained in some cases of menorrhagia by the use of a mercurial, is ordinarily explained by the relief of portal congestion; and so that from blistering the sacrum is attributed to a reflex contraction of the uterine capillaries through irritation of the sacral plexuses; a more reasonable inference than that of Dr. Mann, which was that the uterus was stimulated to contraction from its propinquity to the bladder, specifically affected by the cantharides.

In the third volume there is a well-written paper by Dr. Oliver Prescott, of Newburyport, read in 1813, upon *secale cornutum*, in which occurs the following paragraph: "The healthy, unimpregnated uterus, having nothing within its cavity, will not be affected by the ergot, neither is it calculated to restrain menorrhagia, proceeding from increased arterial action." These statements are, we believe, in accordance with fact, conflicting though they are with very much of the belief and the practice of the present day.

In 1816, a dissertation was read by Dr. Richard Hazeltine, of Lynn, upon *phlegmasia dolens*,—the third communication, it will be recollected, upon the subject published by the Society. It is a pretentious affair, and illustrative of heroic treatment. In the course of his remarks the doctor casually speaks well of a method of treatment that has now fortunately been relinquished. The patient had heard of the efficacy of a draught of one's own urine in relieving *phlegmasia*. "She gave it a trial, drinking for several weeks, perhaps half a

teacupful at a time almost every morning, fasting, and derived some real benefit from it."

Vol. IV. of the Communications, from 1822 to 1829, contains material worthy our notice.

We quote a few words upon the differential diagnosis of mammary tumors, from the dissertation by Dr. Nathaniel Miller, of Franklin, upon "The Detection of Deep-seated Matter": —

"Within a few years three female patients have been sent to me for the extirpation of their breasts. On minute examination I found that the tumors contained a fluid. They were situated in the centre of the breast, and rather under the gland, which gave them a formidable appearance. On making an incision down to the tumors, they were found to be sacculated, and were healed in a few days by adhesive inflammation.

"It would have been very unkind, through inattention to the true nature of the complaint," Dr. Miller continues, "to have subjected these young ladies to painful operations; and, what would have been more to be regretted, to have lost these useful and beautiful organs."

Among the manuscripts of the venerable Dr. Holyoke, of Salem, published by the Society after his death, is one upon "The Use of Acetate of Lead in Menorrhagia," wherein this agent is largely extolled.

We now quote some very excellent remarks upon the "Prescription of Stimulants to Females," from the prize dissertation by Dr. William Sweetser, of Burlington, Vt., Professor of Theory and Practice in the University of Vermont, published in 1829. Dr. Sweetser's statements are no less true now than then.

"Females, especially, are sometimes insidiously seduced into the habit of intemperance by the use of tinctures, stomachic elixirs, etc. Their nerves are weak, their stomachs feel faint and unpleasantly, perhaps from



improper diet and want of exercise, from keeping late hours, or from other causes, or they may be subject to hysterical affections ; for all which complaints spirituous tinctures are very likely to be advised. And as they are disguised under the unmeaning and often ill-applied name of medicines, conscience is quite at ease. That they are drinking rum, and often in considerable quantity, is a thing far, very far, from their thoughts. They are taking medicines for their nervous weaknesses, or some other weaknesses, taking them very likely under the direction of their physician, and surely there can be no danger in following advice from such a source ! Their physician, the guardian of their health and life, would certainly never advise to that which could endanger the safety of either ! But they may learn their sad and fatal error when it is too late to correct it. In a little while they begin to perceive the necessity of increasing their pernicious medicines to gain the desired effects ; the apparent demand for them, too, is progressively increasing till they get to take daily considerable quantities of distilled spirits in this form. At length, however, light breaks in upon them, and the mournful truth is manifested to themselves and friends. The dreadful habit of intemperance has taken such deep root that, laying aside all disguise, they now crave alcohol in its most vulgar forms. They have been so surely and insidiously beguiled into its use that the ordinary energy of human nature cannot oppose the unnatural appetite. All other enjoyments are sacrificed to it. The society and love of husband and children, of kindred and friends, everything, even virtue itself, yields before the force of this one consuming and enthralling desire. I by no means intend to assert that such medicines as have been alluded to are never required in disease ; it is their abuse of which I have been speaking. They ought to be em-



ployed only occasionally, and then as medicines to effect some definite intention. It should always, too, be borne in mind that, though cordials and medicinal tinctures may, and often do, excite a healthful and pleasant feeling while their influence lasts, yet such relief must be often paid for, dearly paid for, by the sacrifice of future welfare. That the habit of intemperance may be acquired through such means is no creation of a licensed fancy, brought forward to produce effect, but a reality which observation teaches.

"Now, ought not our profession, whose motives should be those of benevolence, and whose business it is to save, not destroy,—ought not we, I ask, to be particularly wary, particularly guarded in bringing temptations in the way of weak and erring mortals, trusting to us for guidance, that may ever so remotely endanger their well-being and happiness? Could we but advance our view a little into futurity, and witness the distressing consequences that in some instances are to ensue from the hazardous practice I am alluding to, there would be little danger of our advising to it."

The "Observations on Abortion," communicated in 1829 by Dr. Enoch Hale, Jr., of Boston, constitutes an admirable paper. Its consideration, however, we must reserve to a subsequent number of the Journal.

*(To be continued.)*

## EDITORIAL NOTES.

WHATEVER EXCUSE may exist for the jealousies of medical men, in their private relations to each other, there can be no condoning attempts to thwart public charities. Personal antagonisms and rivalries become doubly offensive when invading a field, consecrated even in advance by self-sacrifice. The perusal, therefore, of the late letter of the Resident Physician of the Massachusetts General Hospital, in opposition to the establishment of a hospital for children in this city, has caused us regret, to use no stronger word. It is not possible that Dr. Shaw, himself a fair and generous-hearted man, could have published such a letter upon his own individual responsibility. Its tone, moreover, as well as its signature, is official, and it becomes necessary to hold the trustees of the hospital, or, more properly, the professional staff, accountable for its publication.

There has been far too much of intentional blocking the way, in matters medical and surgical, in Boston, and it is high time to file an effective protest. The evil is one that has brought discredit, in more ways than are at first apparent, upon the city.

It has caused an undue subservience upon the part of the younger men to supposed authority; a fear to assert one's professional manhood; an unwholesome autophobia, sporadic originally, then epidemic, but now seemingly the disease of the place. From the day when James Jackson struck hands with John C. Warren, in friendly compact not to interfere with each other in practice, articles of copartnership were in reality drawn by which the medical honors and emoluments of New England became the exclusive property, *nemine contradicente*, of themselves, their heirs and assigns.

That partnership has never as yet been dissolved or broken. Its establishment was recognized at the time by the associates of the principals, and old men still tell, with admiration, of the astuteness and mutual respect of that truly remarkable pair, — how that Jackson, returning from Europe an accomplished surgeon as well as physician, recognized the talent in that particular line, and the mental force of Warren, every drop of whose blood was, by inheritance, that of the reigning surgeon, and gracefully yielded to his suggestion, that parallel lines permit brotherly love, but converging ones sometimes lead to conflict. Of many of the results of that association we can all speak with an honorable pride. It gave birth to the Massachusetts General Hospital, a monument with which the name of Warren is as imperishably associated as it is with the shaft at Charlestown. It started the Medical School of Harvard University into a position at that time in advance of all others, and it inspired the Massachusetts Medical Society with a scientific enthusiasm worthy the aspiration of its founders. Two of ourselves shared the friendship of those august and venerable fathers, and they themselves disclosed to us matters that are now of history, but which, during their lifetime, it would have been unmasonic to utter.

With the wheat sown by Jackson and Warren, there were also planted tares, and, as often happens, the bad stock has grown apace. Monopolies were established that, in their infancy, were for the general good; and for this reason, and their very infancy's sake, were protected by artificial shelter. The monopolies referred to, thus fostered, soon attained a controlling power. The Medical School succeeded in destroying that attempted to be established by Brown University, prevented that essayed by Dr. Huntington and his associ-



ates at Lowell, persistently endeavored to strangle the Berkshire Medical Institution at its birth and after; a process it has since tried to accomplish in the late legislative conflicts concerning the giving the right to Tufts College to confer medical degrees, and the establishment of the Boston Dental College.

The Massachusetts Medical Society came soon to be managed, as indeed it had always been in great measure, by Boston graduates, and in the interests of the school there was established that discriminating tariff upon the alumni of other medical colleges desiring to practise in this Commonwealth, which is still in full practical force,—a disgrace to us all.

And the Massachusetts Hospital, our especial pride, has so far descended from its high estate, as to view with the jealous eye of comparative old age the progressing strength of charities rendered necessary by the growth of the city and an advanced public sentiment, but in reality its own children. It requires no effort to recollect the attempts made to prevent the establishment of the City Hospital, and the epithets applied to those through whose efforts its success was ensured. One would have supposed that the lesson then taught the circle at the Massachusetts would not so soon have been forgotten.

Of course, as every one knows, the opposition just now displayed by that institution towards the Children's Hospital is not from private misunderstandings among the medical men most interested, but from two underlying causes of a more powerful character; one of them being a fear, upon the part of those of the hospital staff in the Harvard employ, that a new hospital may serve as the nucleus of a second medical school, which was the engrossing apprehension at the time the City Hospital was founded, and which was prevented from be-

coming realized, only by the most adroit engineering; and the second, the fact that two of the "four physicians," whose masterly "statement in reference to the establishment of a Children's Hospital in the City of Boston" initiated the movement already so successful, are members of the attending staff of the other rival of the General Hospital, the Carney.

It would be unworthy to refer to a third reason that has been suggested as possible, namely, a desire to retain in the old channel any streams of beneficence that may flow from charitable coffers, save to express our disbelief in such a slander. It was very wrong of Judge Hoar to quote at the recent commencement dinner at Cambridge that malicious fling of the New York journalist, who stated as "an astonishing occurrence, that two rich men had died last month in Boston, neither of whom left anything to Harvard College, and neither did either of them leave anything to the Massachusetts General Hospital; another sponge," says the vile satirist, "that has sucked up its hundreds of thousands from the community." May a gracious Providence send it hundreds of thousands more, provided only that a little broader professional charity on its part be the result.

The time has passed for petty trifling like that lately displayed. Despite a prejudice to the contrary, it is far more difficult to keep up a reputation than to found one. The old Massachusetts, if carrying itself too haughtily, will only lose the fast hold it has had upon the affections of those who have walked its wards, and few New England men there are who do not owe to it most of their practical knowledge of science made art. There are Boston men upon the stage who have not yet had their share of the public work for which they are so well fitted, and there are others coming upon it who are

destined soon to succeed those now playing their brief parts. It is not for the present incumbents of hospital posts to assert so offensively that "adequate provision exists in the city of Boston for the medical and surgical treatment of the diseases of children," or to endeavor to render futile the philanthropic exertions of Drs. Ingalls, F. H. Brown, Langmaid, and Greenough. When some time since we visited that enchanting children's ward at St. Luke's, in New York, we could not help longing for the establishment of such a school for all that is good in grown people here at home, and we heartily give its near-coming God-speed.

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WHEN, SEVERAL years ago, in opening up some neglected problems concerning the causation, course, and rational treatment of insanity in women, we proposed the establishment of advisory medical boards for asylums, to be consulted at the discretion of the superintendent; scarce a psychiatrist in the country who did not anathematize us. We were therefore astonished, a short time since, at finding ourselves upbraided by an eminent leader in that specialty, for "simple indifference" to its present needs, and gratified at being told that our editorial in the last number of the *Journal of the Society*, concerning the location of the new City Lunatic Hospital, would accomplish, indirectly if not directly, a vast deal of good.

There are those who are unaware how necessary it is that immediate action should be taken in this matter of removing the hospital, and how many cases of possible cure are rendered hopeless by the delay of even a single year. To such we would commend the following state-



ment by Dr. Walker; the truth of which we know, from repeated personal observation. We quote from his report for 1868:—

“It has been declared, in high official circles, that the statement so often made by the government and management of this hospital, that it is improperly crowded, cannot be correct, because the Board of Visitors for 1846 reported that there was, at that time, provision ample for two hundred patients. Since that day, the progress made in the treatment and care of the insane has abolished our cottage, with its eighteen strong stone cells, and made corresponding changes in the main hospital building, until there is now less room for one hundred and seventy-five than there was at that time for two hundred and twenty-five. Furthermore, it requires but a superficial knowledge of such institutions to understand that a hospital for one hundred and eighty patients, having only three wards for each sex, is far more crowded, with a dozen beds unoccupied, than one with six wards and every bed filled. For, if it becomes necessary to place a single improper patient in the convalescent ward, because the others are full, the annoyance and confusion caused by his presence there become irksome and unbearable, to the last degree, to the better patients, while no good, if not positive injury, results to him. Such has been our daily condition for a long time past, and patients are retained in the lower wards who should not be subjected to such associations, but who cannot be better provided for, simply because the good of the majority must govern.

“Nearly twenty years ago, the Association of Superintendents adopted unanimously a series of propositions, relating to the construction of hospitals for the insane, which have ever since been regarded as authority on this continent, and have received the sanction of the most eminent alienists of Europe. Among them was one to the effect that ‘every hospital for two hundred patients should have, at least, *eight distinct wards for each sex*, making sixteen classes in all.’ How nearly this hospital approaches the standard it needs not but a word to say. Whitewash and paint and pictures and carpets may hide some of the defects of the structure; but they do not and cannot remedy them. The sepulchre remains, be it whitened ever so carefully.”

The Utopian scheme of abolishing lunatic hospitals, and scattering their inmates throughout the community,

to which our contemporary, who answers, when addressed as the "Organ of Medicine and Surgery in New England," has lately so fully committed himself, has practically been tested here, and upon the large scale; for what nearer approach to Gheel can we make than is done still by the overseers of the poor in every town in the State? To farm out the wretched and needy to the highest bidder, to offer, as it were, a premium for starving the poor God-stricken lunatic, and to increase the always terrible risk of his brutal maltreatment by irresponsible custodians, is a species of practical philanthropy for which the Board of State Charities is probably not yet wholly prepared. The political economist may perhaps fail to perceive the plain difference existing between what is needed for the insane and what for errant women, to which we alluded in the last number of the Journal; but we are surprised that one who claims to be the sole representative of the general wisdom of the profession in New England should have been caught so soundly napping.

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THE MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY is one of that rapidly-extending circle of institutions, whose establishment has done so much for the reputation of the State, both at home and abroad, as well as accomplishing an immense amount of practical good. During the forty-five years that have elapsed since its foundation by Drs. Edward Reynolds and John Jeffries, no less than some eighty thousand patients have applied for relief, many of whom have been cured. Recognizing the truth of the view which considers every effective worker restored to his employment after invalidism, as an unit of so much money value conferred on the State, what a vast interest has

been paid to the community for its occasional contributions towards the machinery of this modest and unpretentious institution!

We use these terms in more than their usual sense. As we have implied, in one of our previous articles, the life of a charitable institution is much like that of the individuals controlling it; as years pass there comes greater and greater friction in the working of the motive power, and new life has to take precedence of the old. Institutions, like men, are often satisfied in having gained a reputation, which, to retain, is by no means an easy task. It would therefore be for the best interests of the Infirmary, we think, if a little more emphatic adjectives than modest and unpretentious could be applied to it.

We say this with the kindest feelings to the Infirmary, several of whose officers are old personal friends. But the fact was forced upon us during an investigation we have been making into the facilities publicly afforded in Boston for gynæcological study. Many of the affections of the eye and ear observed in women are, primarily or secondarily, reflex in their character, and it would have been of interest to obtain recent statistics of the number of females treated, year by year, at the Infirmary. We find, however, that the report for 1866-7 has been the last and only one printed for many years; and that it was with great difficulty that the trustees were induced even to issue this; that they refused to circulate it properly after it was issued; and that an influential member of the medical staff, in his younger days energetic and public-spirited, not only upheld the trustees in their suicidal course, but avowed his disinclination to extend the benefits of the Infirmary to a larger number of patients; remarking withal that the efforts of his colleagues for that purpose, the



proper end and aim of the charity, were only for their own selfish aggrandizement.

We write without the knowledge of any gentleman connected with the Infirmary. It will be perceived that we explain how it is, in part, that the Ophthalmic Department at the City Hospital has, all at once, assumed such immense development; making all allowance for Dr. Williams' acknowledged skill, it could not otherwise so completely and so rapidly have come to overshadow that of Drs. Derby and Jeffries and Hay. We wish to see special departments successfully flourishing everywhere at general hospitals; but it is most unseemly that an institution to which the sympathies and the wealth of our people have been so freely given should languish and die from a curable, though internal, cause.

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THE DEATHS of Professors Alden March, of Albany, and Charles D. Meigs, of Philadelphia, two gentlemen affiliated with the Gynæcological Society, the one as a corresponding and the other an honorary member, leave voids in the profession that time only can close. They were each of them spared to see the ripe fruit of their labors in an appreciation, both in this country and in Europe, such as few men have ever attained. Dr. March was the founder of the Medical College and the Hospital at Albany; Dr. Meigs was the parent of Rational Gynæcology in America. They each accomplished a practice in extent and importance almost unprecedented in the States in which they lived, and they were each cherished by a host of admirers and friends.

Better however than wealth and honors, more precious than kindly appreciation, Dr. March has left behind

him, like the good Blatchford of Troy, the memory of an earnest and self-sacrificing Christian, who saw in his daily work only the opportunity of doing good, and in the vexations and sorrows and disappointments which so closely environ every one of us, merely the landmarks of the path that the Divine Healer of souls had trod before him.

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## BOOKS AND PAMPHLETS RECEIVED

BY THE SOCIETY.

41. GUSSEROW. (Zurich.) Zwei Ovariectomien. From the author.
42. Do. Casuistische Mittheilungen.
  - I. Exstirpation eines interstitiellen Uterus-myom's.
  - II. Pneumonie bei Schwangeren.
  - III. Ileus im Wochenbette. From the author.
43. Do. Prolapsus uteri gravid. From the author.
44. Do. Ueber den Normalen Sitz der Placenta. From the author.
45. GUSSEROW and EBERTH. Grosse fibrose Papillome beider Ovarien. From Prof. Gusserow.
46. HESS. (Switzerland.) Ovarial-schwangerschaft. From Prof. Gusserow.
47. FLEETWOOD CHURCHILL. (Dublin.) Introductory Address before the Medical Society of the College of Physicians, 1868. From the author.
48. A. H. MCCLINTOCK. (Dublin.) Brief Memorials of Dr. S. L. Hardy. From the author.
49. Do. The Spontaneous Elimination of Uterine Tumors. From the author.
50. Do. Opening Address before the Dublin Obstetrical Society, for 1867. From the author.
51. Do. Puerperal Fever at the Dublin Lying-in-Hospital. From the author.
52. On Laceration of the Vagina in the Course of Labor. From the author.
53. PROTHEROE SMITH. (London.) Bromide and Bibromide of Mercury as Therapeutic Agents. From the author.
54. Do. The Treatment of Flexions of the Uterus by means of an Elastic Pessary. From the author.

BY THE EDITORS.

1. Annual Report, for 1869, of the Philadelphia Asylum for Persons Deprived of their Reason.
2. BROWN. (Boston.) Orthopedic Surgery. From the author.
3. Report, for 1869, of the Connecticut General Hospital for the Insane, at Middletown.
4. DAWSON. (Cincinnati.) Fibrous and Fibro-cystic Tumors of the Uterus. From the author.
5. STEIGER. Literarischer Monatsbericht for May, 1869.
6. HOMBERGER. (New Orleans.) Batpaxomyomaxia; A Fight on Ethics. From the author.
7. Transactions of the Maine Medical Association, 1866-7-8. From Dr. Tewksbury, of Portland.
8. TONER. (Washington.) Anniversary Oration before the Medical Society of District of Columbia. From the author.
9. HOWE. (Terre Haute.) Ante-natal Infanticide. From the author.
10. Constitution and By-Laws of the Medical Society of Wheeling, Va. From Dr. Hupp, of Wheeling.
11. Anniversary Address before the above Society. From Dr. Hupp.
12. HUGENBERGER. (St. Petersburg.) Ein Kyphotisch Querverengtes Becken. From the author.
13. Florida. Its Climate, Soil, and Productions. From Dr. Mitchell, of Jacksonville.
14. Good Health; a Journal of Mental and Physical Culture. From the publisher.
15. SNOW. (Providence.) Small Pox and the Protective Power of Vaccination. From the author.
16. Thirteenth Annual Report upon the Births, Marriages, and Deaths in Providence, R. I. From Dr. Snow.
17. CHEEVER. (Boston.) Surgical Cases. From the author.
18. Report for 1869, of the Halifax Hospital for the Insane. From Dr. McKeagney, of Halifax.
19. Transactions of the Medical Society of the State of New York, for 1868. From Dr. Bailey, of Albany.
20. Fifth Annual Report of the Board of State Charities, 1869. From F. B. Sanborn, Esq.
21. Annual Report, for 1869, of the New Hampshire Asylum for the Insane. From Dr. Twitchell, of Keene.
22. Eleventh Annual Report of Board of Directors for Public In-



- stitutions of Boston, 1868. From Dr. C. A. Walker, of Boston.
23. Plans, Descriptions, and Estimates of the Boston Hospital for the Insane, 1867. From Dr. Walker.
  24. Report on Plans and Estimates for a New Hospital for the Insane, in Boston, 1867. From Dr. Walker.
  25. Letter from Board of Directors for Public Institutions of Boston, 1867. From Dr. Walker.
  26. Modified Plans and Estimates of Boston Hospital for the Insane, 1868. From Dr. Walker.
  27. Twelfth Annual Report of the Board of Directors for Public Institutions of the City of Boston, for 1869. From Dr. Walker.
  28. Annual Reports of the Penitent Females' Refuge, and the Bethesda Societies. Boston, 1869. .
  29. Annual Report of the New England Hospital for Women and Children. Boston, 1868.
  30. Annual Report of the Home for Aged Colored Women. Boston, 1868.
  31. Annual Report of the Massachusetts School for Idiotic and Feeble-minded Youth. Boston, 1869.
  32. Annual Report of the Perkins Institution for the Blind. Boston, 1869.
  33. Annual Report of St. Vincent's Orphan Asylum. Boston, 1868.
  34. Annual Report of the Boston Dispensary, for 1867.
  35. The same for 1868.
  36. Annual Report of the Massachusetts General Hospital, for 1868.
  37. Annual Report of the City Registrar of Boston, for 1867.
  38. The same for 1868, slip.
  39. Annual Report of the Children's Home, and Home for Aged Females, in Roxbury (Boston Highlands), for 1868.
  40. The same for 1869.
  41. Annual Report of the House of the Good Samaritan. Boston, 1869.
  42. Annual Report of the Temporary Home for the Destitute. Boston, 1869.
  43. Annual Report of the Boston City Hospital, for 1869.
  44. Annual Report of the N. E. Female Moral Reform Society, for 1868.
  45. Annual Report of the Home for Aged Indigent Females. Boston, 1869. .

# THE JOURNAL

OF THE

## GYNÆCOLOGICAL SOCIETY OF BOSTON.

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### PROCEEDINGS OF THE SOCIETY.

*[Reported by Horatio R. Storer, Secretary.]*

FIFTH MEETING, MARCH 2, 1869.

THE fifth regular meeting of the Society was called to order by the President, there being present Drs. Lewis, Warner, Dutton, Field, Bixby, and H. R. Storer; and by invitation Drs. J. B. S. Jackson, T. Hall, T. Waterman, and H. Chase, of Boston, H. Ferguson, of South Boston, B. F. Campbell, of East Boston, J. L. Sullivan, of Malden, and T. G. Perry of Providence, R. I.

The Secretary read letters from Drs. J. G. Pinkham, of Lynn, and A. I. Beach, of Belleville, Ohio, acknowledging their election as Corresponding Members of the Society. He also read a letter from Dr. Isaac Hays, of Philadelphia, expressing his willingness to publish in the "American Journal of the Medical Sciences," such papers as it may be desirable to have published in full; and one from Dr. Dawson, of New York, with reference to a reprint of the transactions of the Society.

The Committee on Membership having reported favorably upon the nominations submitted to them at the

last meeting several gentlemen were balloted for and elected Honorary and Corresponding Members.

Dr. Bixby reported a case of

IMPALEMENT THROUGH THE LEFT LABIO-PERINEAL  
FOSSA,

and exhibited the patient, her history being as follows: —

While visiting a patient in this city some days ago, the mother informed Dr. Bixby that a few moments after his departure from a previous visit, a terrible accident had happened to her little girl, aged five years. She had drawn to the window her high chair, from which the back had been broken, leaving the rounds still standing and their extremities entirely free. Shortly after, the mother in the next room, alarmed by the screams of the child, rushed to her relief and found her on the floor, her clothes saturated with blood. Upon examination she discovered a wound near the vulva, from which blood was flowing very profusely, and from which, as the child informed her, she had but a moment before extracted one of the rounds of her chair. Medical aid was immediately summoned. Dr. Newell, who was called, states that upon examination he detected an irregular penetrating wound of the vulva, situated laterally to the left, and anteriorly to the fourchette. The hemorrhage was frightful, and the child was already quite pale from the loss of blood. The doctor did not deem it advisable to make any exploration, but to arrest the hemorrhage as soon as possible; accordingly a plug of cotton wool, saturated with persulphate of iron, was crowded into the aperture. Next day it was removed, with no recurrence of the bleeding. On the third day, the child was doing so well that the parents, not appreciating the importance of the case, requested the doctor



to discontinue his visits. Happening in at this stage of the case, Dr. Bixby was able to confirm the statement of Dr. Newell, by a careful examination. The diameter of the external wound was found to be three-fourths of an inch, its edges being more or less irregular. The round of the chair, now exhibited, measures six and a half inches in length, and three-fourths of an inch in diameter at the largest point, tapering down and ending in a tenant, with a flat extremity one quarter of an inch in diameter. Upon the fifth day suppuration was profuse; the patient had urinated and defecated without the least pain, showing that neither the bladder nor rectum had been implicated in the injury. Upon the twenty-fifth day the swelling, etc., about the parts had subsided, the orifice of the vagina was intact, and the wound had contracted to a small fistulous opening; the cicatrix giving evidence of a considerable loss of tissue, including the perineum and lower portion of the left labium majus. It is to be regretted that no exploration was made at the time of the injury; as it is, a maturer age of the patient will be likely to afford us some clue as to the parts implicated, and the malformation caused thereby.

Dr. Jackson remarked upon the number of perineal impalements that had occurred in this neighborhood, and the great relative frequency of recovery. He instanced the case reported by Dr. Sargent, of Worcester, where a rake handle entered the perineum to so great a distance that, according to Dr. S., it must have traversed the whole extent of the abdomen and thorax, perforating the diaphragm and fracturing the upper left rib; the patient having been seen by Dr. Jackson a year afterward in perfect health. He also related Dr. Stimpson's case at Dedham, of a child impaled by a hay-hook. Recovery took place to such an extent that the child was enabled to attend school for several days subsequent to

the accident, death finally occurring from diarrhœa. At the autopsy it was discovered that the bladder had been perforated at its fundus, as also the inner layer of the superjacent abdominal wall, so that portions of the peritoneum had become invaginated. Injury to intestine had also occurred, resulting in inflammation with subsequent adhesion, and at one point a communication with the bladder by a fistulous opening. There was also present a hollow vesical calculus, this condition being explained by the concretion having been probably deposited over a clot, which had afterwards been dissolved. This case is published in the Catalogue of the College Museum. Another case suggested itself to Dr. Jackson. It occurred in the practice of Dr. Zadock Howe, of Billerica; here also, a hay-hook being the impaling agent. The point projecting, it was sawed off and the staff withdrawn, the patient recovering.

Dr. Warner related a case where a fork-handle entered the anus to the depth of fourteen inches. It was withdrawn, and recovery ensued.

Dr. Jackson inquired as to the frequency of excessive hemorrhage following wounds of the vulva. He related a fatal case, where the injury was in consequence of slipping from a bed.

Dr. Warner remarked upon the vascularity of the posterior portion of the vaginal outlet, and the tendency to hemorrhage noticed in operating upon that region.

Dr. Jackson remarked that in lacerated perineum, as a general thing, there was little hemorrhage.

Dr. Warner reminded Dr. Jackson of the fact of its being a lacerated and not an incised wound.

Dr. Storer called attention to the fact that the risk of hemorrhage and its severity would depend very much upon the character of the wound, whether this were ac-

cidental or intentional, — a contused or lacerated wound bleeding very much less freely than an incised one. He instanced cases of wound from broken crockery, from kicks and falls, and from laceration of varicose vessels during labor, and referred to the interesting Scotch criminal cases put upon record by Prof. Simpson, where murder had been attempted by incisions within the vulva. The medical jurist should be aware of the possibility of such practices; the hemorrhage from which might easily be confounded with that of menorrhagia or a miscarriage. Just as with murder by the vaginal exhibition of poisonous alkaloids, the true character of the case might readily enough be mistaken.

Dr. Warner exhibited a very remarkable

#### FIBROID UTERINE TUMOR SUCCESSFULLY REMOVED,

and detailed the case.

The patient, aged thirty-seven, and married, was sent to Dr. H. R. Storer, in November last, by a physician in San Francisco. She was completely exsanguine, with all the symptoms attending the long-continued loss of blood. She had consulted several physicians, at home, in London, and on the Continent, none of whom, though vaginal examination had been made, had diagnosticated the case. Dr. Storer being at the time unwell, Dr. Warner found the uterus somewhat enlarged, but the os uteri not at all dilated. Upon introducing the sound it came into contact with an evident tumor of considerable size within the uterine cavity. Upon passing a sponge tent, the tumor was found to be of the size of a large hen's egg, and attached by a broad base to the fundus uteri.

Upon November 14th, Dr. Storer proceeded to oper-



ate, with the assistance of Dr. Warner. The chain of an ecraseur having been applied with some little difficulty and the attachment of the mass divided, it was found impossible to deliver it through the well-dilated os, there being no compressibility to the tumor. The cervix was then freely slit up to the vaginal reflexion on each side by angled scissors, and the inner sphincter divided by a guarded bistoury, and still delivery could not be effected. Nor was this accomplished till a finger had been forced past the tumor and bent above it, while powerful traction was exerted from below by hooked forceps. The hemorrhage was readily restrained, and the patient soon returned to her home convalescent. Upon incising the tumor, the cause of its being so incapable of longitudinal compression became very evident.



There were present two distinct nuclear masses, the superior one the size of a large walnut, and the inferior one somewhat smaller, harder in structure than the tissue adjoining; the former of them was distinctly capsulated, and might easily be turned out from its bed.

Dr. Storer, in quite an extended experience with the removal of intra-uterine fibroids, some of them of much larger size, had never before had so much difficulty in extraction after excision had been effected. He quoted from Klob with reference to the extreme rarity of nuclei in uterine fibroids, and remarked that this writer had evidently never known of anything approaching the nuclear enucleation so beautifully demonstrated in the present tumor.

Dr. Jackson had never seen a similar specimen. He considered it perfectly typical of the theoretical uterine fibroid.

Dr. Bixby had examined the tissues under the microscope, and found them purely fibrous.

Dr. H. R. Storer reported a

#### SUCCESSFUL CASE OF POCKETING THE OVARIAN STUMP,

and exhibited the tumor that had been removed.

Mrs. Margaret W., aged twenty-eight, three years married, never pregnant, five months ago noticed a small tumor in right groin, size of a hen's egg. It had now attained that of the foetal head, but had not ascended to any extent above the pelvic brim, and could not be moved with any freedom. By vaginal examination, the uterus was not much enlarged, but could not be moved without also moving the tumor. The menses were normal, and had been unaffected by the progress of the disease. Upon consultation with Dr. Warner, Dr. Storer decided that the tumor was probably ovarian, basing this opinion more particularly upon the rapidity of its growth. The health of the patient had not in any way been affected.



Operation on February 21st, in presence of Drs. Warner, Coolidge, Sharp, Bixby, and Waterman, and Mr. Jordan, of St. John, N. B., medical student. The cyst was found to be unilocular, and practically without any pedicle; it was also firmly adherent for some distance to the fundus uteri. These adhesions having been broken down, Dr. Storer's clamp shield was applied, and the ovarian attachment having been divided by scissors, the vessels were secured by acupressure. Two long and slender steel pins were now inserted through the abdominal wall at a distance of some two inches from the line of incision, and brought out at an equal distance on the other side, transfixing the right uterine cornu just beneath the ovarian stump, with the effect of lifting this up to and within the abdominal wound. It was here secured by some seventeen deep metallic sutures, and the wound was closed in above it by an equal number of superficial ones. The patient had so far progressed well, the kidneys secreting freely and the menses having occurred.

Dr. Storer remarked that in every case the commencement of the operation should be in the nature of an exploratory section. He had here taken the responsibility of operating very early, before the patient's health had been at all affected, and in a doubtful case. He had moreover ventured, in spite of Dr. Kimball's printed remonstrances, to pocket the stump of the ovary. He alluded to the mis-statements so sedulously circulated by overtimid physicians, concerning the statistics of ovariectomy, and to worse distortions of fact. As an instance of the latter, he referred to a case of his own, operated upon last year at Cambridgeport, fatal from peritonitis. One of the ovaries was removed; the other, being healthy, was left. Hearing of late that a statement was being circulated by one of the physicians present at the operation, to the effect that the ovary that had not been



removed was also cystic, he had taken the trouble to obtain from Dr. Marcy a report of the autopsy, which he now read, and it proved that a small and insignificant uterine fibroid, the size of a chestnut, had been found, to which no importance whatever had been attached by the gentlemen who made the autopsy, and it was this which had been intentionally misrepresented far and wide to his patients by the person referred to. The case now reported was of interest, from the fact that no successful case of ovariectomy, performed in Boston, had previously occurred at the hands of a Boston surgeon. His own successes thus far, beyond the removal of the uterus by abdominal section in Boylston Place, had all occurred out of town. The present case was in Friend Street,—not the most healthy locality in the city. He had no doubt that careful after-treatment had much to do with a favorable result. Spencer Wells was as successful in London as in the country, and our own results in other operations were as good as those of surgeons elsewhere. He did not agree with Dr. Kimball that failure was a matter of climate, and he trusted that the present case, in which an external clamp could not possibly have been applied, would prove of additional weight in favor of his method of “pocketing.” Of Spencer Wells’ last six cases of intra-peritoneal procedure, five had died. Of his last thirty extra-abdominal cases, all had lived. The new method presented all the advantages of extra-peritoneal treatment, with none of the disadvantages of extra-abdominal.

Dr. Jackson had no doubt that careful after-treatment, with good nursing and regimen, had much to do with success.

Dr. Campbell related the details of Spencer Wells’ after-treatment.

Dr. Perry, of Providence, R. I., reported a case of

OVARIAN FŒTATION, FATAL FROM HEMORRHAGE,

and exhibited the specimen.

It occurred in the practice of Dr. Peckham, with whom Dr. P. had seen the case in consultation. The patient had been married eighteen years, and had never before been pregnant. Four weeks before death, there had been an attack of syncope, relieved by morphia and stimulants; another attack a week later, and then the fatal one. At the autopsy, many coagula were found in the abdominal cavity, and within the left ovary a three-months' fœtus.

Dr. Perry also related a case where he had once made an autopsy under very peculiar circumstances, at a funeral. He had been invited to attend the autopsy in a town where he was a perfect stranger, by two medical men who had, at different times, had charge of the case, and who had differed in opinion regarding its diagnosis. At the last moment their courage failed, and neither of them appeared. Dr. Perry found a full-grown fœtus in the cavity of the abdomen, and closed it without further exploration and without exposure. He subsequently learned that three months previously labor had commenced, but that the pains had ceased shortly after the membranes had broken. That this had occurred was evident proof that uterine rupture had then taken place.

The question having been asked as to the propriety of abdominal section in extra-uterine fœtation, Dr. Storer referred to the paper upon the subject by Dr. Stephen Rogers, of New York. His own feeling was strongly in favor of giving the woman a chance of life by operating. In the case of the specimen now pre-

sented, the only operation possible would have been to remove the entire ovary with its contents.

Dr. Bixby described an operation by Dr. Greenlaw, of London, where the cyst containing the foetus was tapped, and the woman recovered.

Dr. Bixby exhibited under the microscope specimens of the hair discharged from the bladder, presented at the last meeting, and of that removed by Dr. Storer from within the ovary of a living patient, as then described, and remarked that he could detect no difference in them from ordinary hair, save that they contained little or no coloring matter, and that he failed to find any bulb. In other respects, they resembled light-colored hairs from the head or any other portion of the body.

Dr. H. R. Storer read a paper entitled

GOLDEN RULES FOR THE TREATMENT OF OVARIAN DISEASE.

Upon motion of Dr. Warner, seconded by Dr. Dutton, Dr. Storer's "Golden Rules" were declared formally endorsed by the Society.

Designs for a Society Seal having been offered by the Secretary, it was voted, upon motion by Dr. Dutton, that the following be adopted: the legend "Propter uterum est mulier, 1869," encircling the initials "G. S. of B."; and the Secretary was empowered to have the seal prepared.

Drs. Warner, Bixby, and the Secretary were appointed a Committee, with full power, to consider the subject of printing the Society's Transactions.

Adjourned.



## SIXTH MEETING, MARCH 16, 1869.

The sixth regular meeting of the Society was held this evening at Hotel Pelham, the President in the Chair. Present, Drs. Lewis, Warner, Bixby, Dutton, Field, and H. R. Storer, and by invitation, Drs. C. Ellery Stedman, of Dorchester, Stephen Salisbury, of Brookline, B. S. Codman, F. H. Brown, F. E. Bundy, and James H. Bodge, of Boston.

The Secretary read letters from Drs. C. D. Meigs and Hugh L. Hodge, of Philadelphia, Wm. H. Byford, of Chicago, D. Humphreys Storer and J. B. S. Jackson, of Boston, Honorary Members, and B. F. Dawson, T. A. Emmet, and Geo. F. Shrady, of New York, Isaac Hays, of Philadelphia, H. Gerould, of Massillon, Ohio, and S. D. Mercer, of Omaha, Nebraska, Corresponding Members, severally acknowledging the receipt of their certificate of election. He exhibited photographs of Drs. Hodge, Byford, and Gerould, added to the Society's collection, and announced the donation to the Library, by Prof. Hodge, of the last edition of his work upon the Diseases of Women.

The thanks of the Society were voted to Prof. Hodge for his valuable gift.

The Secretary also read communications from Dr. E. W. Jenks, editor of the "Detroit Review of Medicine," Dr. Llewellyn Brock, of the Dominion "Medical Journal" of Toronto, and Dr. Alfred L. Carroll, of the New York "Medical Gazette," expressing their interest in the success of the Society, and their desire to publish the papers that might be read at its meetings. He reported the acknowledgments of the Trustees of the Public Library of Boston, for a copy of the Constitution and By-Laws presented to that Institution in the name of the Society, and read a copy of a letter he had sent to the

President of the American Medical Association, with reference to the matters to be presented from the Society at the meeting at New Orleans.

The Committee on Nominations having reported favorably upon the gentlemen referred to them at the last meeting, they were balloted for and elected.

Dr. Storer exhibited the Surgical Bed invented by Dr. Josiah Crosby, of Manchester, N. H., and explained its mechanism. The excellences of this bed were familiar to many surgeons; but, so far as he was aware, little or nothing had been said of its peculiar advantages to the gynæcologist. He had had three successful cases of ovariectomy upon the bed in succession, and to the possibility it admitted of ensuring perfect quietude of the patient during the first days after an operation, he attributed great influence upon the chance of recovery. It was, moreover, possible, by temporarily bringing the supporting straps above the limbs of the patient and there fastening them, to prevent injury from unintended motion during recovery from anæsthesia,—a point of great importance, to which attention did not seem to have before been called.

Dr. Warner presented a remarkably perfect specimen of the so-called

#### DYSMENORRHŒAL MEMBRANE,

and reported the following case:—

Mrs. W., of Lynn, aged forty-two, has had six children, one of them still-born. For the past two years and a half has had dysmenorrhœa, about every third menstrual period being attended with the discharge of membranous pseudo-decidua, generally on the fourth day, and followed by flooding. Has occasionally passed entire casts of the uterine cavity. Never has had rheumatism,

though this is so generally considered a necessary taint in these cases.

Dr. Warner exhibited a living subject, of great interest, the case being one of

#### REMARKABLY PRECOCIOUS MATURITY.

Sophia Gantz, of Jewish parentage, was born at Cincinnati, on July 27th, 1865, and is therefore now three years and six months old. At one year and eleven months, menstruation commenced, and has since been regular. Her height is thirty-eight inches, weight thirty-eight pounds, and girth at hips thirty-three and one-half inches. The pelvis is broad and well shaped, and measures ten and one-half inches from the anterior superior-spinous process of one ilium to that of the other; this being a little more than what obtains in the standard pelvis, as given by Burns and Churchill. In consequence the legs are very much bowed. The mammæ and labia have all the development of established puberty, and the pubes and axillæ are covered with hair. The child is withal exceedingly pleasing in her general appearance, maidenly and ladylike, without unnatural constraint or effrontery.

The Secretary presented from Dr. H. Gerould, of Massillon, Ohio, a corresponding member of the Society, an

#### ANTIQUUE PESSARY,

introduced more than sixty years since, with its history.

It had been removed twelve years ago by Dr. J. V. Schertzer, of Massillon, from a German woman, eighty-four years of age, who had worn it more than fifty years, and had forgotten its existence till reminded of it by some irritation it occasioned a few years before her



death. It was then removed, and was found still to retain to a great extent its original wax coating. The pessary is circular, two and a half inches in diameter, with a central opening one and a half inches in width. It is neatly carved by a knife from thin, light wood, and save in its incompressibility and consequent difficulty of introduction, will compare very well with many of the favorite styles of pessary for procidentia in vogue at the present day.

The Secretary communicated from Dr. B. F. Tasker, of Kendall's Mills, Me., the following case of

#### UNSUSPECTED COMPLETION OF GESTATION.

Last January I was called to a family I had never treated before, the patient being a young married woman. Her history was this. Thirty-six hours before, she was attacked with what her attendant called bilious colic. Placing my hand on the source of the pain, which lay where the stomach belongs, I found very slight enlargement. She had vomited freely, and was considerably exhausted. I made inquiries as to her liability of pregnancy; but she and her husband informed me that there was nothing of the kind; that her courses had been regular every month, and that her clothes had not been enlarged about the waist, she having worn all the time No. 19 corsets, which are quite small; and that she had perceived no quickening, nor any change in the breasts. I gave her an opiate, and she was soon resting, this being about eight P. M. I was again called about two A. M., and in the course of half an hour she became the mother of a boy weighing five pounds. The mother and child have both done well. I would not have credited their story, had I not known them to be very respectable people; and another thing which went to show

their ignorance was, that there had been no preparation whatever made for a child.

The Secretary reported the progress of his own case of ovariectomy, where an uterine cornu had been pocketed in the abdominal wound, reported at the last meeting of the Society. The patient had convalesced without a bad symptom.

Dr. Storer also presented a communication (to appear in a subsequent number of the Journal), entitled

PHYSICIANS IN THEIR RELATIONS TO INVALID  
WOMEN,

it being a reply to a published article by Mrs. Caroline H. Dall, and read a letter that he had addressed to Mrs. Dall upon the subject.

Drs. Lewis, Salisbury, Warner, Field, Dutton, and Brown, each expressed themselves warmly with regard to the error committed by Mrs. Dall, and the necessity of taking immediate action to prevent injury to the community from her misstatements.

Upon motion of Dr. Warner, it was voted that Dr. Storer's letter to Mrs. Dall should also be engrossed upon the records of the Society. It is as follows:—

“ March 16, 1869.

“ DEAR MADAM:—The medical journal (“New England Medical Gazette,” Homœopathic, for March, 1869) you were so kind as to send me was duly received, and I have read your article with care. I cannot help thinking that you have done both physicians and your own sex great injustice, and at the same time dealt a heavy blow at the public good morals; for, if your statements are true, they apply, *a fortiori*, with a thousand times more weight to the ordinary friendly and social intercourse of ladies and gentlemen with each other. The only emotion, besides pity, that attendance upon a woman afflicted with pelvic disease can inspire in a physician, is simple disgust, which

would be greatly enhanced did he suppose that she was conscious of any other feeling.

“Speaking for myself, did I believe your charges true as a general, or even a very occasional thing, I should at once relinquish practice. I have taken occasion to make inquiries of many ladies since reading your article, indeed giving it to them to read, and they have invariably repelled the imputation, both as regards themselves and their friends, as the foulest of slanders.

“I shall bring the subject before the Gynæcological Society to-night, and it will have thoughtful consideration. My own impression is, that every high-minded physician will declare that you must be in error, and that the community will be influenced rather against than in favor of the employment of female physicians, if such are the arguments employed.

“You will, I know, believe that I think you are sincere, and be sure, on the other hand, that I am equally so myself.

“Yours very truly,

“HORATIO R. STORER.”

The President appointed Drs. Field and Bixby a committee to consider whether any additional action should be taken by the Society with reference to establishing a proper estimate in the public mind concerning the true relation of gynæcologists to their patients.

Nominations were referred to the appropriate committee.

Adjourned.

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UPON POCKETING THE PEDICLE IN OVARIOTOMY: A  
REPLY TO CERTAIN STRICTURES BY DR. KIMBALL,  
OF LOWELL.

BY, HORATIO R. STORER.

[Read before the Society, Feb. 16, 1869.]

IN the present communication I do not intend to discuss the merits or demerits of my method of treating



the ovarian pedicle, known as "pocketing," but simply to correct a misrepresentation.\*

Dr. Kimball, of Lowell, used the following language in the "Boston Medical and Surgical Journal" for September 17th, 1868: —

"I have been surprised to notice, in the last number of the 'American Journal of the Medical Sciences,' † an account of what claims to be a new method of treating the pedicle, by Dr. H. R. Storer, of Boston. He calls it 'pocketing the pedicle.'

"Having been myself a witness of the operation referred to in Dr. S.'s article, I have been the more surprised that the mode of procedure so elaborately set forth and commented upon should be regarded, not only as something new, but also as an important improvement upon the ordinary mode of operating.

"On the score of 'novelty,' the plan described certainly presents nothing new. Even in my own practice, I readily call to mind several instances in which I have done the same thing; they were cases where the pedicle was unusually short, and where, consequently, the use of the clamp would have occasioned too great a strain upon the uterus.

"By ovariologists generally, the 'pocketing' practice of Dr. Storer will probably never be considered as furnishing anything new or essentially important in practice; much less will it be likely to supersede or materially modify the practice so long and so successfully pursued by Spencer Wells and other European ovariologists."

Putting aside for another occasion the statement that

\* My answer to Dr. Kimball would long ago have appeared in the Journal where his insult was given, had I not been refused the opportunity by its gentlemanly editor, Dr. Luther Parks.

† American Journal of the Medical Sciences. Jan., 1868.

my proposal contains nothing "essentially important in practice," I would call attention to the fact that three distinct charges are made against me by Dr. Kimball in the above paragraphs; for his reiterated expression of surprise means nothing less than that I set forth as new an old method; that I had intentionally done this; and that I had taken my idea from him. The last two charges I declare to be false. The first of the three I believe to be false also.

Upon first learning of Dr. Kimball's assertions, which was not till nearly three months after their publication, I was inclined to treat them as unworthy my notice; but the frequent inquiries that have been made of me, and the belief that my silence might work to the detriment of more timid men when unjustly attacked, have convinced me that the course I proposed would be wrong.

As I have said, I was long ignorant of Dr. Kimball's strictures. This was owing to the fact that at the time they appeared, during September, I was passing my nights at the sea-shore, and having to spend two hours each way in my daily travel to and from the city, I was hurried when in my office, and threw my medical periodicals as they arrived, unopened, into a corner, there to await a more convenient season for inspection. The first intimation I had of Dr. Kimball's attack was from London, in a letter dated November 11th, the writer stating that he had learned of it from an acquaintance in Paris. I did not, however, take the trouble to look up the journal referred to, till nearly a month later, and then might not have done so, had I not been ill at home. As it was, I got my friend, Dr. Dutton, to hunt up the article for me. Having learned how matters stood, I at once wrote to Mr. Spencer Wells, of London, on 22d Dec. His answer, dated 25th Jan., has just been received, 8th Feb., 1869.

The facts in the case are these: —

Mrs. M., of Columbia, Tennessee, had applied to Dr. Kimball for the removal of an ovarian tumor, but, changing her mind, she had placed herself under my charge. Upon the day of the operation, 23d Sept., 1867, I called, in consequence of an appointment we had together, for Mr. Spencer Wells, at the Revere House. There I found Dr. Kimball, vainly importuning Mr. Wells to visit the factories at Lowell. Disliking to seem uncivil to Dr. Kimball, I invited him to join us. Mr. Wells very kindly assisted me in the operation, as did also Dr. Wheeler, of Chelsea, who had charge of the after-treatment of the case, and Dr. D. F. Lincoln, now (lately) assistant editor of the "Boston Medical and Surgical Journal." Dr. Kimball meanwhile looked on as a bystander.

When I pocketed the ovarian pedicle, by including its extremity within the abdominal wound, shutting it off from the peritoneal cavity, and from the atmosphere without, Mr. Wells expressed his surprise, asking me where I got the idea, and remarking that it would have occurred to no one save a Yankee; Dr. Kimball meanwhile saying never a word. To this fact Drs. Wheeler and Lincoln, the other physicians present at the operation, bear testimony.

Upon returning home, Mr. Wells and Dr. Kimball accompanying me in the carriage, the conversation very naturally reverted to the operation, and the general subject of ovariectomy.

Dr. Kimball had a good deal to say concerning his abdominal sections, and took occasion to ask me concerning the number of my own. We had just been speaking of Atlee's operations for uterine tumor, and supposing that the question was intended to cover sections of every kind, uterine as well as ovarian, I replied



accordingly. Dr. Kimball expressed surprise at my experience, saying that he supposed me to be but a novice in these matters.

Mr. Wells sailed for England very shortly after. Parting from him at East Boston, it flashed into my mind as I was returning home, that perhaps my answer to Dr. K.'s question had given a false impression, and that the inquiry had been concerning my ovarian sections alone. I at once wrote to Dr. K., and to Mr. Wells, stating my fears, and giving the number of my sections for ovariectomy, for removal of the uterus, and for exploration. Answers were duly received from both these gentlemen, stating that I had not been misunderstood.

But to return to the ride from Chelsea. Mr. Wells had much to say, all of it very kindly, concerning the merits of my method, and that generally employed by himself, which, as is well known, consists of fastening the pedicle outside the wound by a clamp. As every earnest operator would have done, he warmly defended his method. Dr. Kimball said very little, save in echo of Mr. Wells. I do not think he uttered one word in disparagement of the novelty of pocketing the pedicle. I am quite sure of this, for being a little excited at having ventured to perform an important operation in the presence of the greatest living authority upon the subject, by a method which that gentleman had evidently never heard of, I took occasion to note down our conversation before going to my bed that night.

Mr. Wells writes me as follows, under date of 25th January, 1869: "I had to go to Nice, and was away when your letter arrived, or I should have replied to it earlier. I have not seen Dr. Kimball's paper, so I cannot do more than answer your questions. My own im-

pression is, that Dr. Kimball and I, after the operation, both told you we thought you would have done better to use the clamp than adopt the plan which you did. I have also a sort of indistinct idea that Dr. K. said he had once tried a plan somewhat similar, but did not like it. Of this, however, I am very far from certain."

Now, if Dr. Kimball had really performed my operation, it is not at all likely, in the state of mind that under all the circumstances he was then in, that he would have refrained, out of regard to my feelings, from expressing himself in such a way as would be remembered both by Mr. Wells, even at this distance of time, and by myself for half-a-dozen hours after the event occurred; and it is also not at all likely, had he done so, that I should have deliberately set myself down, as I did that very night, to prepare for publication the description of a method, as an original one, upon which I was not only to stake my reputation as a scientific, but as a truthful man.

That I might the more surely arrive at the facts in this matter, I wrote, while awaiting Mr. Wells' reply, to Dr. Savory, of Lowell, who, from living upon Dr. K.'s field of practice, would be likely to have heard of that gentleman's having performed my operation, had such been the case. Dr. Savory informs me that he has no reason to believe that I had thus been anticipated.

I cannot find from other sources any evidence of the truth of Dr. Kimball's allegation as to his conception, or any as to his performance, of the operation of pocketing the pedicle, before he had seen me do it, and can only believe that, had he even approximated thereto, it was merely to the extent so frankly acknowledged by Dr. Emmet, of New York, at the meeting of the N. Y. Academy of Medicine, held specially for the discussion

of my method, on 19th December, 1867.\* Dr. Emmet stated that he had once or twice brought the extremity of the pedicle to a level with the external wound, and there fastened it, in the hope that it might cover in by granulations. This, it will be perceived, is a very different thing from wholly enclosing it within the abdominal wall, beneath and concealed by the closed lips of the wound.

In the discussion upon my paper that then took place, Dr. Noeggerath, of New York, who is probably better posted in the history of all procedures in gynæcological surgery than any other man in America, stated distinctly, after reviewing all the methods that had ever been proposed, that "Dr. Storer's manner of treating the pedicle was an original one in principle."†

I thus take my leave of Dr. Kimball. I will not reply to him by reporting the details of a case where I performed his vaunted operation of everting the lips of the abdominal wound by quilled sutures, and satisfied myself of its inutility, before any publication by himself upon the subject was made; nor will I avail myself of evidence in my possession, tending to show his unfitness to sit in judgment upon other men's practice.

I acknowledge the obligations which every gynæcologist must feel to him for his zeal and courage in upholding the merits of ovariectomy, while it was still considered a debatable operation; but I deny his right, because he happens to have been in practice some years longer than another, to attempt to injure him by a careless or wilful mis-statement.

A single word more. It is one that I pen with great reluctance. Since a knowledge of this affair first reached me, and more particularly since I seemed in

\* N. Y. Medical Record, 15th Jan., 1868, p. 519.

† Ibid., p. 522.



no haste to notice it, I have found a rumor floating here, there, and everywhere, apparently readily enough traceable to its source, that Mr. Wells, while withholding his approbation of my method of operation, did not withhold, in the same connection, a somewhat disrespectful opinion of its author. As a matter of self-defence, I shall probably be pardoned for quoting the closing sentence of Mr. Wells' letter, which, from the contents, he is evidently willing that I should do: —

“I tell all this to you much more frankly than I would to any one else, and I need not say that I certainly never claimed to be the originator of a plan which I strongly disapprove, and I trust it is equally needless to add that I never expressed any slighting or contemptuous opinion of you. On the contrary, I have spoken of you in a very different spirit, and however I may differ from you in points of practice, you may rest assured that personally I shall always be ready to renew our friendly relations, which ought not to be at all affected by scientific discussions. . . Yours very truly,

“T. SPENCER WELLS.”

In view of the above acknowledgment, it has caused me no annoyance, that Prof. Gaillard, of Louisville, in ignorance of the true state of the case, should say in his *Journal* for December, 1868, that “Storer's operation, for pocketing the pedicle, proves to be an old one, though there is no reason to believe that the fact was known to the doctor.” The narration of cases of my operation by other surgeons, like that by Dr. Prioleau, of Charleston, S. C., reported in the “*American Journal of the Medical Sciences*,” for July, 1869, is sufficient balm for any such wound. The extreme severity of the cases to which the method is applicable is well shown by the instance reported in this present number of the *Journal*, in the *Proceedings of the Society*. Here, there being practically no pedicle, the uterine wall itself was pocketed, and the patient made an excellent recovery.

## PHLEGMASIA DOLENS.

REPORT OF A CASE. — REMARKS ON PATHOLOGY AND TREATMENT.

BY JOSEPH G. PINKHAM, LYNN.

[Read before the Society, July 6, 1869.]

MRS. L. P., the subject of this report, is a lady thirty-one years of age, of medium size, and fair complexion. Her mother was a victim of chronic Bright's Disease, and had suffered several times from phlegmasia dolens, once immediately after parturition. Her father's family were healthy, and she herself had always been accounted well and strong. She was married in August, 1867, and aborted twice in the course of six or seven months. Very soon after the last abortion, she became pregnant again, this time going on to full term without accident. She was confined on the 22d of December, 1868, the labor being rapid and easy. After delivery everything progressed favorably, except that the patient was a good deal troubled with constipation. It should be remarked that the amniotic fluid was very small in amount, and the lochial discharge, from the first, scanty. She kept a recumbent position most of the time for two weeks, and then began to sit up and walk about. Her room was quite large, and warmed by an open coal fire. On the 14th of January, twenty-three days after delivery, she experienced a slight chilly sensation in the lower part of the back, while sitting near a window which admitted a cold draft. For the next few days she felt, as she expressed it, as though she had taken cold. On the night of the 16th, she got uncovered in bed while she was warm and perspiring freely. A short time thereafter she awoke, feeling chilled. On the next day there was a dull, heavy pain in the loins and

through the pelvic region, and some constitutional disturbance. On the 18th, the disease was fully declared. The pain in the back had disappeared, and instead there were pain, tenderness, and swelling in the left groin, and down the thigh and leg, in the direction of the great vessels. The whole limb became œdematous, pitting on pressure. Motion of the body gave great pain. The lymphatics of the groin were swollen and tender. The greatest pain and tenderness were in the groin, the upper inside part of the thigh, the popliteal space, and the calf of the leg. There were also pain and a sense of fulness in the region of the uterus. Pulse ninety-eight, tongue coated, skin dry and hot. There was thirst, and the appetite was impaired, although not lost entirely. Bowels constipated. Lacteal secretion and lochia unchanged. The latter had nearly ceased before the attack. Urine scanty, high-colored, and turbid with urates, not albuminous, passed with difficulty. In a day or two the pulse rose to one hundred and twenty and upwards. Treatment was instituted, and the patient remained without any permanent essential alteration in her condition, until Jan. 23d, when she began to amend. The swelling in the limb, never considerable, grew less; the pain and tenderness disappeared in a measure; the appetite improved; the dysuria became less troublesome, and the urine normal in appearance and quantity. The pulse, however, remained persistently high, never falling below one hundred and twenty. She continued to improve until the 30th. On that day she noticed a pain in the right groin, and the right limb felt sore and ached. On the 31st, she had a violent chill, followed by all the local symptoms accompanying the first attack, the right limb being affected instead of the left. The œdema, however, was not so great; but the dysuria was more marked, and the con-



stitutional disturbance greater. Pulse one hundred and twenty to one hundred and thirty. Tongue covered with a thick brown coat. Bowels still very torpid. There was no apparent increase of the swelling, and no return of the pain and tenderness in the left limb at this time. Lacteal secretion notably lessened. The acute stage of this second attack lasted just one week. After this, the patient went on slowly but steadily to recovery. During convalescence she was troubled with night-sweats. The pulse gradually declined in frequency, so that on the 11th of February it was one hundred, on the 18th, eighty-eight, and on the 23d, thirty-eight days after the first attack, eighty. At the latter date the swelling had all disappeared, and the patient sat up and walked around. There was, however, some lameness, and the superficial veins of the legs, those especially of the left one, were prominent. The legs were slightly œdematous at night, after the patient had been up all day, but the swelling generally disappeared before morning. At this date, June 17th, she uses her limbs freely, but they get tired easily, and are often somewhat swollen at night.\*

It should be remarked that the limbs never had that tense, shiny, white appearance, which authors mention as characteristic of the disease, and that the femoral vein could not be felt "rolling under the fingers like a cord."

In the treatment of this case, the indications seemed to be: 1. To relieve as much as possible, the local symptoms; 2. To open the bowels and keep them in a soluble condition; 3. To relieve the dysuria; 4. To increase the quantity of urine, thereby lessening the tendency to œdema; 5. To quiet the nervous system, that the

\*At this date, Aug. 23, there is still some swelling after much exercise, but the limbs are nearly as strong as ever.

patient might have comfortable rest; 6. To support the strength and improve the quality of the blood, decreasing its tendency to coagulate. All this was to be accomplished without the exhibition of any such heroic remedies as would be likely to have a perturbing influence upon the lacteal secretion, and through it upon the child.

The first indication was met by keeping the limbs perfectly at rest and somewhat elevated; by rubbing them gently with anodyne liniments, and wrapping them in warm, soft flannel, or covering them with hop fomentations. A sinapism, also, was applied to the groin, and followed by a flax-seed poultice, kept on constantly. The second, by mild saline laxatives, and a laxative diet. The third, by hot fomentations, and warm vaginal injections just previous to micturition. The fourth, by saline diuretics. This, also, partially met the third indication, by improving the quality of the urine, and rendering it less irritant to the vesical mucous membrane. The salines, both laxatives and diuretics, were chosen on account of their anti-febrile action. The fifth, by infusion of hops and dilute hydrocyanic acid, as required. The sixth, by quinine, carbonate of ammonia, chlorate of potash, etc. The particular remedy employed to effect a certain object was varied occasionally, to suit the fancy of the patient, and the convenience of prescribing. Diet, light and unstimulating. After convalescence began she was allowed to drink ale and eat meat.

Whether the small amount of œdema, the comparative mildness of the affection, and its favorable progress, were due in any measure to the treatment, is a question which unfortunately cannot be answered; but certainly, in this case, physician and patient have every reason to be satisfied with the result, whether it were

owing entirely to nature, or partly to the medicines employed.

#### REMARKS ON THE DISEASE.

*Pathology.*—The following table exhibits the various fluctuations of opinion, in regard to the pathology of phlegmasia dolens, beginning with the earliest one recorded, and ending with the authorities of the present day. I have not attempted to give the views of every writer, but only of the more prominent. I have stated the date of the first publication of the author's views, as nearly as I have been able to ascertain it. In any case, where the date has not been given, the chronological order may not be exact; but it is sufficiently so for my purpose.

<i>Date.</i>	<i>Authority.</i>	<i>Country.</i>	<i>Opinion.</i>
1740	Mauriceau.	France.	A collection of humors which should have passed off with the lochial discharge. <sup>1</sup>
1759	Puzos.	France.	A metastasis of milk. <sup>2</sup>
1766	Levret.	France.	A metastasis of milk, accompanied with cedema. <sup>3</sup>
1784	White.	Great Britain.	An obstruction of lymphatics, caused during labor, and followed by an accumulation in them of lymph. <sup>4</sup>
1792	Trye.	Great Britain.	Rupture of lymphatics under Poupart's ligament, and effusion of lymph. Inflammation of lymphatic glands, caused by pressure, etc. <sup>5</sup>
	Ferrier.	Great Britain.	Inflammation of absorbents. <sup>6</sup>
1800	Hull.	Great Britain.	Inflammation of all the organs and tissues of the affected limb, and effusion of coagulable lymph. <sup>7</sup>
1817	Albers.	Germany.	A neuralgia causing cedema. <sup>8</sup>

1. Paris, 1721, 4to, livre iii., chap. xx., p. 446.

2. Memoire sur les dépôts laiteux.

3. L'Art des Accouchemens, chap. iii., sect. 7, 1766.

4. An Inquiry into the Nature and Cause of that Swelling in one or both of the Lower Extremities, which sometimes happens to Lying-in Women, 1784.

5. Essay on the Swelling of the Lower Extremities incident to Lying-in Women, p. 45, 1792.

6. Med. Hist., vol. iii., p. 92.

7. An Essay on Phlegmasia Dolens. Manchester, 1800.

8. Hufeland's Journal, p. 16, Feb., 1817.



<i>Date.</i>	<i>Authority.</i>	<i>Country.</i>	<i>Opinion.</i>
1819	Caspar.	Germany.	Inflammation of absorbents, and sometimes of cellular tissue. <sup>9</sup>
1820	Burns.	Great Britain.	Inflammation of nerves and veins. <sup>10</sup>
(Jan.) 1823	Bouillaud.	France.	Inflammation and consequent occlusion of iliac and crural veins. <sup>11</sup>
(May) 1823	Davis.	Great Britain.	Idem. <sup>12</sup>
1824	Velpeau.	France.	Inflammation of pelvic symphyses, and of veins. <sup>13</sup>
1829	Lee.	Great Britain.	Inflammation of crural veins, resulting from an extension of uterine phlebitis. <sup>14</sup>
1833	Dewees.	United States.	Inflammation of the white lymphatics of the cellular membrane of the various tissues of the limb. <sup>15</sup>
1834	Bouillaud.	France.	Second paper. Inflammation of veins, lymphatics, symphyses, and nerves. <sup>16</sup>
1846	Rokitansky.	Germany.	Either inflammation of the veins of the inferior extremity, especially of crural vein, or inflammation of cellular tissue. Former may involve lymphatics; latter an exudative process, often extending to neurilemma and lymphatics. <sup>17</sup>
1846	Virchow.	Germany.	Thrombosis of iliac and crural veins. <sup>18</sup>
1862	McKenzie.	Great Britain.	Toxæmia, or a dyscrasia, resulting in irritation, and inflammation, of the iliac and crural veins. <sup>19</sup>
1864	Hewitt.	Great Britain.	Thrombosis, beginning in uterine veins, and extending to iliac and crural veins; dependent on a depressed condition of the vital powers from undue loss of blood, insufficient nutriment, and other causes. <sup>20</sup>
1865	Barnes.	Great Britain.	Thrombosis of crural veins, due [chiefly] to hyperinosis, with, as probably in many instances, another morbid material thrown into the blood from the uterus, as a result of exposure to cold, severe mental shock, etc. <sup>21</sup>
1869	Moxon.	Great Britain.	Coagulation of blood in veins, secondary to a phlebitis which is excited by noxious material absorbed from the uterine surface. <sup>22</sup>

9. Comment. de Phlegmasia alba dolente, Hallæ, 1819.

10. Principles of Midwifery, 1820.

11. Archives de Médecine, tom. ii., p. 192, Jan., 1823.

12. Med. Chirurg. Trans., vol. xii., p. 419, 1823. Read before Society, May, 1823.

13. Recherches et Observations sur le Phlegmasia alba Dolens. Archives Generales de Médecine, tom. vi., 1824.

14. Pathological Researches on Inflammation of the Veins of the Uterus. Medico-Chirurg. Trans., vol. xii., 1829.

15. Diseases of Females, p. 490, 1833.

16. Dict. de Méd., et de Chir. Prat., 1834.

17. Pathological Anatomy, vol. ii., p. 236.

18. Virchow's Archives, 1846.

19. The Pathology and Treatment of Phlegmasia Dolens, 1862.

20. London Lancet, Sept. 3, 1865, p. 259, Braithwaite's Retrospect, 1865.

21. London Lancet, Sept., 1865, p. 367, Braithwaite's Retrospect, 1866.

22. Guy's Hospital Reports, for 1869.

The views of the earlier writers here mentioned, founded, as they were, on erroneous ideas of physiology and pathology, may be passed by without comment. Much of the discrepancy among modern authorities will doubtless be understood, when we consider that many of the cases grouped together under the name of phlegmasia dolens, while agreeing in their general symptomatology, yet vary in the precise mode of their origin. All agree that there is venous obstruction, and that from it results the œdema. Most of them admit a toxæmia, or dyscrasia. But the great question now at issue (I cannot think it settled, notwithstanding the positive language used by some) is, whether or not the disease is inflammatory in its nature. The question is an important one, as on its decision hangs, theoretically, the whole plan of prophylaxis and treatment. On the affirmative we have, among the more recent writers mentioned in the table, Lee, Rokitansky, Moxon, and on the negative, Virchow, Hewitt, and Barnes. The two last mentioned seem to consider the disease a variety of puerperal fever. Barnes, indeed, calls it "thrombotic puerperal fever." We must not, however, lose sight of the fact that their observations have been mostly connected with hospitals, where toxæmic influences prevail, and where, consequently, the disease is seldom seen in its sthenic type. The position of Virchow I understand to be that coagulation may take place in the veins, and all the ordinary phenomena of the disease result, without inflammation; and that the morbid appearances found after death arise either altogether from the changes which take place in the clot, or partly from these, and partly from a secondary inflammation which its presence occasions. He does not deny that phlebitis may exist, but denies that it is a necessary morbid condition in the affection. Hew-

itt and Barnes agree with him essentially, but take more positive grounds against the doctrine that inflammation is the primary and essential pathological fact in the disease.

That thrombosis may occur without decided evidences of inflammation preceding it, must be admitted, and, also, that thrombosis once occurring to the extent of producing obstruction in the iliac or crural veins, the disease, as we recognize it, would be developed. On the other hand, it is difficult to avoid the conclusion that some cases are inflammatory in their nature and origin.\* I think that the one reported was so, for the following reasons: 1. The disease was apparently brought on by exposure to cold. 2. It was ushered in by a chill. 3. There were local pain, tenderness, and swelling, the last apart from the œdema. 4. There was the constitutional disturbance which ordinarily accompanies the

\* A full discussion of this question would, of course, involve a consideration of the nature of inflammatory processes in general. This would be outside the scope of the present article. I have been, however, much interested recently by a conversation with Dr. Carl Both, of Boston, an astute and diligent student of pathology, in which he gave me his views in outline of the nature of inflammation, so called, and applied them to an explanation of the case reported. They are substantially as follows, in his own language: —

“Considering that the life process requires a constant, equal, and uninterrupted motion of all molecules under certain and mathematical laws, I should call that process which occurs when one or several molecules, for some reason, are prevented from following these laws, the primary cause of inflammation. This interruption of motion (stasis) would constitute the irritation (reiz) which would be followed by such consequences as the circumstances would permit. Taking inflammation, as that term is usually understood in its widest sense, I should define it as an obstruction of one or several canals of circulation and of nutrition, from any cause whatever. The four old cardinal symptoms of inflammation, calor, rubor, tumor, and dolor, cannot answer any more to-day, because one or more of these symptoms can be absent in certain forms of inflammation. We all know of inflammatory processes in the lungs, kidneys, brain, liver, etc., without pain; a lymphatic vessel or nerve can be inflamed without redness; a bone, without tumor; and chronic inflammations are unattended by heat.

“In pregnancy all the inguinal and lumbar lymphatic glands are very much enlarged; the blood is loaded with cellular elements which have to change or perish afterwards (Leukocytose of Virchow), and besides there is the waste occasioned by the production of such elements. Any obstructed excretion would hinder the above glands from returning to their normal size; prevent the discharge of superfluous elements and their waste, and so mechanically, as well as chemically, obstruct general circulation. The enlarged glands, when freshly irritated by suppressed lochia, or other cause, could easily press upon vessels and nerves, and produce such effects as are described in the case reported.”



phlegmasiæ, namely, heat and dryness of surface, coated tongue, a rapid pulse, thirst, anorexia, etc. 5. The œdema of the limb succeeded the pain and tenderness. Had spontaneous thrombosis occurred, would not the œdema have preceded these symptoms, or, at any rate, have been concurrent with them? That the lymphatics were involved, and perhaps, also, the cellular and other tissues, seems probable from the fact that the glands of the groin were swollen and tender, and that the swelling generally was diffuse, not limited to the femoral vein. There was no evidence previous to the attack, of toxæmia or dyscrasia. The patient had had a generous diet, the secretion of milk was abundant, and the appetite good. Only after she had been ill several weeks did she give marked indications of failing strength.

There can be no doubt that whatever increases the tendency of the blood to coagulate, or weakens the force of the circulation, predisposes to this disease, as to other internal inflammations. Hence the puerperal state uncomplicated, hyperinosis, a depraved condition of the blood, and depressed vitality from any cause, render the subject of them more liable to an attack. I think the case reported can be satisfactorily explained in the following way: The patient, previously in a good condition, was exposed to cold twice in succession; thus an inflammation of the placental surface of the uterus was set up, and, as an immediate consequence, a reflux of morbid material, lochial or puriform, took place into the blood. (It will be recollected that the placental surface of the uterus, after childbirth, is something like an open, suppurating sore.) The inflammation, assuming a low type, was in this manner propagated in the direction of the absorbents, involving them as well as veins, nerves, and cellular tissue, and giving

rise to venous obstruction with its various concomitants. The second attack was but an extension of the inflammation excited by another exposure. The persistent high pulse, prolonged general weakness, and night-sweats, after the subsidence of the acute local affection, give evidence of a toxæmia secondary to the inflammation.

An interesting question connected with this case pertains to the primary scantiness of the lochial discharge. Was this a fact of any significance? Some medical men seem to hold the opinion that scantiness of the lochial discharge indicates a defective elimination of morbid material from the system, and that, unless this is counteracted by an appropriate regimen and medication, a condition of toxæmia may result. It is possible that my patient's blood was depraved from this cause, but there had been no obvious indication of it.

Another question has reference to the probabilities of an inherited tendency to the disease. The patient's mother suffered repeatedly from it. Was the patient, resembling her mother to some extent in constitution and temperament, therefore more liable to have it? These points I leave to be elucidated by others.

The opinion, which is frequently expressed that phlegmasia dolens is due to *embolism* of the crural or iliac veins, I do not consider worthy of much attention, inasmuch as it must be evident to any one, on reflection, that such an occurrence is impossible. The veins which pass from the uterus are constantly increasing in calibre, and hence a clot dislodged, and carried on by the current of the blood, could find no resting-place until it passed through the right side of the heart, and reached the smaller divisions of the pulmonary artery. The word *embolism* has, in all probability, been carelessly

and mistakenly used for thrombosis by the writers just alluded to.

*Treatment.*—The method of treatment pursued by different practitioners will necessarily be largely influenced by their theory of the pathology of the disease. Those who believe with Mauriceau would be likely to administer purgatives, or perhaps to bleed repeatedly, following each bleeding with copious draughts of water to wash out the system, and cleanse it of its foul humors, after the manner of the learned Dr. Sangrado. The theory of Puzos and Levret would render it advisable to keep the breasts well drawn, so that the milk may not settle to the limbs. The advocates of the doctrine of sthenic inflammation, resort to vigorous antiphlogistic measures—the lancet, leeches, blisters, mercury, and a low diet; while, on the other hand, those who see in the disease only toxæmia and debility, rely on tonics, stimulants, blood-alteratives, and a nutritious diet. To me it seems that no precise and definite rules of treatment can be laid down. Cases differ, and the judicious physician will be governed by circumstances as they arise. Generally, it is advisable to treat the disease, constitutionally, as you would a typhoid pneumonia, or one likely to assume a typhoid form. Sometimes antiphlogistic measures should be employed; but we should always be careful not to depress the patient's vitality, as she is likely to become much debilitated before the termination of the disease, even if at first there is increased vital action. Nature and time, with rest and an appropriate diet, are the most important elements in the cure. Yet I cannot but consider the use of diuretics important, and of laxatives where diarrhœa does not already exist. In my own case, the preparations of opium were counterindicated by the great torpidity of



the bowels, and the patient's aversion to such medicines. There not being great restlessness or irritability, the indications for anodyne treatment were sufficiently met by the articles before mentioned, when speaking of the treatment. They were not required for a long time, or in any except moderate doses. Locally, the hot hop fomentations seemed to give most relief.

In the application of local treatment, the danger should not be lost sight of, of dislodging a clot from the veins of the pelvis by too vigorous rubbings or other manipulation, and causing embolism of the pulmonary artery, — an occurrence that would in all probability prove fatal.

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#### DISPLACEMENT OF THE UTERUS ANTERIORLY.

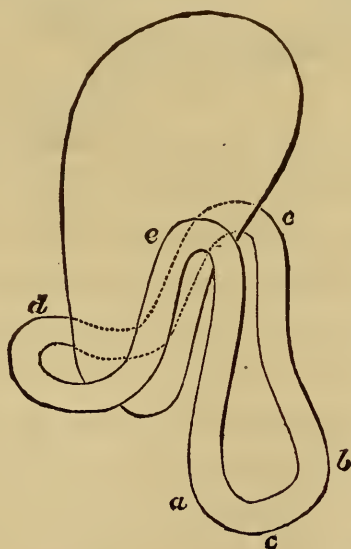
BY GEORGE H. BIXBY.

[*Read before the Society, February 2, 1869.*]

AT our last meeting I exhibited to the Society a pessary, invented by Mr. Graily Hewitt, of University College, London, for the treatment of anteversion, anteflexion, and lateroversion of the uterus, and at the same time offered a few words descriptive of the same. I am confident that I failed to impress you with its importance, which I attribute to my neglect to accompany the instrument with a clear and concise description in writing. Considering the great importance of this subject, which you will agree with me has been left in the rear in the progress of gynæcological science, and also the distinguished confrere, who presents it to us, who, standing probably the first among the gynæcologists in England, if not in Europe, has always been

the first on the other side of the Atlantic to exercise towards us feelings of generosity by a prompt and unqualified recognition of the progress and triumphs of American Surgery,\* I have therefore considered it altogether proper that this subject should receive something more than a passing notice, especially from the first Gynæcological Society ever established in the world.

It was my fortune the past year to be again in London, and to attend Mr. Hewitt's out-door patient clinic at University College Hospital. After speaking in the highest terms of the various improvements in the treatment of uterine affections by American surgeons, Mr. Hewitt showed me his new instrument for the treatment of anteversion, etc. He remarked that he had been in the habit of treating this affection with a round air pessary, which supports the anterior walls of the vagina and bladder, and through it the uterus. By this means he had obtained very satisfactory results; later, while experimenting with Hodge's pessaries, the present idea occurred to him. It consists of a large ring, bent first



Representation in outline of the anteversion pessary. — *From Graily Hewitt.*

\* I refer particularly to mention frequently made in his work, of Dr. Hodge, of Philadelphia, Dr. Marion Sims, of New York, and a member of this Society, Dr. H. R. Storer.

into an oval ; then again, and again, until it assumes a sinuous outline, and presents on one side two nipple-shaped eminences. The upper part of the pessary fits behind the uterus, while the lower end corresponds with the ostium vaginae, within which it lies. It maintains the canal in its proper length, but does not unduly distend



Sectional view of the uterus, with the anteversion pessary in situ. — *From Graily Hewitt.*

it while it affords support to the roof. The uterus cannot fall forward, the instrument forming a kind of cage, which supports it most effectually. Mr. Hewitt assured me that for facility of introduction this is unrivalled, and is comfortable and efficient. Mr. Hewitt further assured me that up to the invention of this instrument he had never seen a complete cure in a single case of ante flexion, but had seen several since.

The treatment of lateroversion is now rendered easy by a slight modification of the above instrument ; all



that is necessary is to make one of the mammillary-shaped eminences project more backward than the other. Thus if the version is found to the left side, the corresponding arm is made to project so as to support it as in cases of small fibroid growths in the left anterior wall. Mr. Hewitt relates a case of this kind, where a lady with a small fibroid in the left anterior wall, and suffering terribly from dysmenorrhea, was finally relieved by this instrument, and passed the menstrual period with comparative ease, the first time for years.

The general treatment of versions of the uterus is of some importance. The anteverted uterus is almost always in a state of irritability, if not chronic inflammation; therefore rest, the cold douche, and a general tonic treatment are not to be overlooked; if pregnancy takes place, great care should be taken not to allow the uterus to assume its old position by the timely, not untimely, employment of the pessary.\*

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## RETROVERSION COMPLICATED BY HERNIA OF THE BLADDER DURING GESTATION.

BY H. O. HITCHCOCK, KALAMAZOO, MICHIGAN.

[*Communicated to the Society, and read August 3, 1869.*]

ON the 6th of May, 1869, Mrs. H., a Holland woman, thirty-three years old, of rather full habit, but lax fibre, came to my office, with a friend to supplement her bro-

\* The conversation I have above reported was held with Mr. Hewitt before the publication of the second edition of his work on the Diseases of Women. That part which refers to laterversions I have quoted literally from the above.

ken English, complaining of some difficulty in voiding her urine. She told me she had passed none to speak of for three weeks, but felt a desire to do so almost constantly, but could pass only a very little at once, and that with pain.

She said she was pregnant nearly five months. She had the look of a woman in quite good health, and I supposed there was some irritation at the neck of the bladder, but that her statement about her voiding almost no urine was only a common exaggeration in such cases. I therefore prescribed the usual remedies for the relief of the dysury.

On the eighth she returned to my office to say that she was no better, and she complained bitterly of the difficulty in urinating, and her countenance showed some degree of anxiety.

On laying my hand upon the abdomen, I was astonished at its enormous distension, which had been wholly concealed from the eye, by her hoops and clothing.

I bade her go to her home, where I visited her immediately. As she lay upon her back, the hand could with difficulty be passed between her thighs and the overhanging abdomen, which reached to within five inches of her knees.

The lower part of this tumor distinctly fluctuated, and the upper part was tympanitic. Along the upper part of it, pressure with the hand gave much pain, as also on the under part of the tumor near the pubis.

Her pulse was eighty, and normal. She had that afternoon walked fully two miles.

She now told me that, before coming to my office, she had consulted another physician, who, after hearing her story, said he could do nothing for her.

She said she had been in the same condition in respect to the size of the abdomen, and the difficulty in

voiding her urine, some years before, in Holland, when pregnant with her second child, and that these conditions continued without relief until her confinement, which was short and natural. The extrusion of the child, she remarked, was immediately followed by a very large flow of urine.

These conditions did not obtain with her first, third, and fourth pregnancies, which were natural throughout.

I first attempted to pass a flexible catheter, which was done with some difficulty, the meatus urinarius being drawn up far behind the pubis. Through the catheter was discharged in a few minutes *six quarts* of clear normal-colored urine. The abdomen was greatly reduced in size, and the patient expressed herself as completely relieved, and I thought the difficulty was resolved. On their request that I should not visit her often, for the wholesome fear of a large bill, I instructed the husband how to pass the catheter, and, presuming there would remain a partial paralysis of the bladder, from its great and continued distention, directed that he should pass the instrument three times a day.

Four days afterward the husband requested me to see her, saying he had difficulty in passing the catheter. I then drew off about three quarts of urine, bloody, purulent, and ammoniacal. The instructions to the husband as to passing the catheter, and how to pass it, were renewed, and the indications in the case were believed to have been met by appropriate remedies. During the week following, the husband called at the office to say that he succeeded very well in drawing off the water, which had resumed its natural color and smell.

About this time there was developed in the case an intermittent fever, for which the usual remedies were prescribed.



Near the last of May, however, I was called to see her, and, though the husband had succeeded very well in passing the catheter, she complained of great uneasiness, with constant fever and headache, and a feeling of great weight and pressure about the pelvis.

She had now kept the supine position for three weeks.

On carefully examining the abdomen, now very large, but more flaccid than at first, I was surprised to find what appeared to be a large aperture in the muscular walls, nine and a half by eight and a half inches, the umbilicus being near the middle of it. Throughout this whole space there appeared to lie over the contents of the abdomen only the skin, and a very thin layer of fascia.

The convolutions, and the vermicular motion of the intestines, were almost as distinctly observable throughout this whole space as though there had been nothing over them. This space was distinctly bounded, above and below, by a thick, somewhat rounded edge, slightly uneven, quite tender to the touch, and laterally, by edges less thick and distinct, but still quite apparent.

No uterus could be seen or felt in this space above the pubis. On examination per vaginam, the body of the uterus was distinctly felt in the hollow of the sacrum, but the os could not be reached as far as the finger could be passed up under the pubic arch.

The diagnosis of the whole case was at once made out. Sometime in the early part of pregnancy the uterus had become retroverted. Pressure of the cervix upon the urethra and fundus of the bladder had caused frequent desire to void the urine, and had also obstructed its passage. The urine had gradually collected in the bladder, distending it enormously. The muscular walls of the abdomen, ruptured, perhaps, during her second

pregnancy, had been torn into a large rent, or else had now been newly ruptured; the bladder had escaped as a hernia from the abdominal cavity, and hung before the thighs, supported by the greatly stretched skin, — the condition I first found her in.

A more careful examination would have been made at my first visit, and a complete diagnosis arrived at, had I not been misled by the statement of the patient concerning her symptoms during her second pregnancy, and her failure to be relieved of them except by her delivery, which was natural, coupled with her expression of the sensation of complete relief of her bad feelings on the evacuation of the distended bladder. I confess to a feeling of chagrin that three weeks had been allowed to increase the danger to my patient.

Immediately summoning the assistance of Drs. Chapin, Fiske, and Porter, I made a faithful attempt to replace the uterus by the hand, favoring its reduction by various positions of the patient. By persevering effort we succeeded in so far changing the axis of the womb as to give her at first a sense of relief, but so as to obstruct both the bowels and urethra.

Farther effort was at this time deferred, and a full anodyne ordered the patient.

Two days after, as soon as some fresh bladders could be obtained, the attempt was renewed, Dr. L. C. Chapin kindly assisting me. A fresh bladder was passed well into the rectum, the patient being in the knee-elbow position. Dr. C. with both hands retained it in place, while I distended it with air, by one of Tiemann's universal syringes. After the bladder was fully inflated, I found that I could just reach the posterior lip of the uterus above the pubis, and, by a little management, was able to slip the end of a blunt hook into the os.

Lifting with the blunt hook steadily and quite strongly

upward, as the patient was then placed, and my assistant, at the same time, with both hands crowding the inflated bladder up the rectum against the fundus of the uterus, I was able to dislodge the organ, and completely replaced it.

The patient then being placed upon her back, the shape and size of the uterus could be distinctly seen through the open span in the abdominal walls, as well as all the motions of the foetus. The uterus reached to the umbilicus.

There was not a drop of hemorrhage, and no sign of uterine pain followed the replacement. A full anodyne was administered. and the patient slept well that night. Next day she was very comfortable, and with ease evacuated both her bladder and bowels.

No untoward symptom followed for four days. The movements of the foetus were numerous and strong, and could be seen, and the shape of its limbs traced by the eye through the hiatus in the muscular walls of the mother's abdomen.

Towards the close of the fourth day, a renewal of the intermittent fever was ushered in by a chill. With the exacerbation on the fifth day, the uterus took a contraction, and emptied itself of its contents, a lively little foetus, fully five months and a half old, weighing two pounds, and a healthy placenta.

With the interruption of the intermittent fever, the patient became completely convalescent, and is now, July 15th, in good health, doing her own work. The aperture in the walls of the abdomen remains just as distinct as before, though of course not so large in extent; and yet she suffers no inconvenience from it.

As to the precise time when this rupture in the muscles took place, I could learn nothing from the patient, only that such an enlargement of the abdomen with



difficulty of voiding urine was attendant upon her second pregnancy, after about the fourth month.

In reflecting upon this case, several questions occur to me, which it is perhaps easier to ask than to answer.

Could this aperture have been congenital? Could it have been enlarged from an old umbilical hernia? Could a rupture of those muscles have been made by a distended bladder? Was the distention of the bladder *caused by*, or did it *cause*, the retroversion of the pregnant uterus?

If, with her second pregnancy, there had been retroversion of the uterus, and the symptoms had continued unrelieved, could labor have taken place naturally, quickly, and easily?

If the Fellows of the Society can answer these questions they will greatly oblige a corresponding member.

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#### OBLITERATION OF AN OVARIAN CYST BY THE PERMANENT RETENTION OF A CANULA.

BY JOHN L. SULLIVAN, MALDEN.

[*Read before the Society, July 6, 1869.*]

IN February, 1851, I became the professional attendant of Mrs. —, a beautiful and accomplished woman, endowed with exquisite sensibility, and, during the painful and protracted illness briefly to be described, displaying an heroic endurance extraordinary even for one of her sex.

Mrs. — inherited a good constitution from parents still surviving at an advanced age. Apart from the ordinary diseases of childhood, and a mild attack of

jaundice attributed to girlish imprudence, her previous medical history presented nothing worthy of note. She married in her twenty-first year, shortly after became pregnant, and was delivered, February 2d, 1851, of her first child, a female, healthy and still living, at whose birth I officiated as accoucheur. Duration of the labor twenty-seven hours, occupied mainly by the first stage. There was some rigidity of the perineum and external parts. The former suffered slight laceration, from which she made a good recovery without sutures. She suckled her infant until the following September, when it was weaned, in consequence of the mother being attacked with nursing sore mouth.

The menses reappeared four weeks later. Soon after, she complained of pain in both hypogastria, accompanied by moderate tenderness on pressure and slight fluctuation. These symptoms were relieved, although not entirely removed, by iodine externally, very small doses of blue pill, with extract of hyoscyamus, and tonics. Twenty-one months from the birth of her first child, she was delivered of a second, male, of feeble constitution, who died at four years from scrofulous disease of the hip-joint and debility, following measles. During the greater part of the latter pregnancy, I was aware of the presence of a considerable quantity of fluid in the cavity of the abdomen; but whether due to ascites or encysted dropsy could not be positively determined. Her second labor was uncommonly short and easy; but after delivery the abdomen continued undiminished in size, if not indeed larger than before, and soon a unilocular ovarian cyst was diagnosticated without difficulty. Attacks of circumscribed peritonitis, indicated by sharp pain and a peculiar characteristic grating, which could be both heard and felt at the affected spot, frequently recurred. Small blisters were applied over the seat of

these inflammations and iodine to the entire abdomen. Strict attention was paid to the general health. By these means the disease was kept at bay until the winter of 1854-5, when the fluid contents of the cyst increased very rapidly, and soon the abdomen became enormously distended. The heart was displaced and crowded to the right of the sternum, precisely as occurs in pleuritic effusion. At this period Mrs. ——'s sufferings were excruciating, and her death appearing imminent unless relief could be afforded, I determined to resort to tapping. This was done early in January, 1856. Twenty-eight and a half pints, weighing exactly twenty-eight and a half pounds avoirdupois, of a syrupy fluid, resembling treacle and water, and evidently of ovarian origin, were drawn off by the ordinary trocar and canula; the wound closed by a bit of adhesive plaster, and the abdomen supported by a carefully adjusted binder. Relief was immediate, although temporary. In less than a week the abdomen began again to enlarge, and, twenty-one days from the date of the first operation, it was found necessary to evacuate the cyst, which had nearly refilled. Eighteen pints of a similar fluid were removed. The canula, tightly corked, was allowed to remain, opened twice daily, gentle pressure being made upon the abdomen, and the fluid which had collected in the intervals suffered to escape. A gradual change was observed in the appearance of the discharge, and in a month it had assumed the character of laudable pus. The patient, previously emaciated to the last degree, began to regain flesh and strength. Her appetite returned, the purulent discharge slowly diminished, and by the 1st of June she was able to exercise moderately in the open air. On the 18th she was sent to New Hampshire to pass the summer. About the middle of July the purulent discharge ceased altogether, and the



canula having been forced out by the granulations which sprang up beneath it, the wound healed, and on the 10th September, when I again saw my patient on her return from the country, she looked the picture of blooming health. Careful examination of the abdomen by palpation disclosed circumscribed thickening, without tenderness on pressure of the peritoneum, in the neighborhood of the right ovary, in which it was evident the disease had originated. During all this time the menses had been suspended only by pregnancy and the debility following the tapping. Soon after the removal of the canula they returned, and continued to do so with uniform regularity.

In November following, while the catamenia were upon her, Mrs. — had the misfortune to take cold, by which the discharge was suppressed, and sub-acute general peritonitis induced. The indurated portion of the omentum apparently afforded a starting-point for the inflammatory attack. The remainder of Mrs. —'s life was passed in extreme suffering, which could be only partially alleviated by opiates in very large doses. The abdomen became gradually distended with a sero-sanguinolent effusion, not ovarian, which was removed by tapping, January 22d, 1857. Five days after (Jan. 27th, 1857), Mrs. — died of exhaustion, her mind remaining clear to the last moment of her life. An autopsy was made the next day, in the presence of Drs. John Ware, Robert Ware, George H. Gay, and the writer. By request, the abdomen only was examined. The peritoneum was found extensively diseased, and the greater omentum shrivelled from the combined effects of acute and chronic inflammation. But a trace of the cyst remained, namely, a nodule, not larger than a filbert, to which was attached a slender cord-like cicatrix an inch and a half in length. This passed through

the abdominal parietes, and terminated at the spot where the canula had been left in situ. Connected with the right or diseased ovary was a small cyst, capable of containing about two drachms of fluid, the existence of which during life had not been suspected. Whether this was of recent origin, there were no data for determining. The uterus presented traces of chronic inflammatory action. With this exception the abdominal viscera appeared quite healthy. The uterus with its appendages, including the remains of the ovarian tumor, were removed, and are now in the possession of Dr. Calvin Ellis.

This case is important: 1st. Because it is the only case on record, so far as I can ascertain, in which the complete and permanent obliteration of an ovarian cyst by the means described has been verified by an autopsy.

2d. It establishes the fact that a unilocular ovarian cyst, at least, may be made to collapse, its walls to become adherent, its cavity obliterated, and subsequent absorption to take place. Moreover, it proves that the removal of the fluid contents and the admission of atmospheric air merely into such cavity may cause laudable pus to be secreted in place of the fluids peculiar to encysted disease of the ovary.

3d. It exemplifies certain dangers subsequently to be apprehended in cases treated by evacuation.

These are:—

1st. The liability to extensive and fatal peritonitis, especially when the peritoneum has been more or less injured during the evacuation of the cyst.

2d. The probability of the consecutive evolution of one or more cysts from the diseased ovary after the disappearance of the original, or, so to speak, parent cyst.

3d. So far as warranted by the result of a single case, it leads to the conclusion that the radical cure of this

form of ovarian disease is hardly to be expected short of extirpation by the knife, and thus indirectly furnishes an argument in support of ovariectomy.

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#### EDITORIAL NOTES.

IN A FORMER ISSUE, we showed cause for congratulation that the Legislature of Massachusetts had seen fit to provide for the establishment of a State Board of Health. We now propose to give to the subject a few moments' more attention.

Foremost amongst the work of every man stands, or should stand, preventable disease. Much of our labor is with ills whose cause our wit fails us in detecting, or which, by dating back through parentage, thus baffles our reach; but more of it consists in battling with results that in themselves are terrible, but that spring from causes that an infant might cover with his hand. To detect these, and to remove them, it might seem, at first, would seriously lessen the occupation, and therefore the emoluments, of our profession. On the other hand, by prolonging the sum-total of human existence, and by saving lives else nipped in their bud, there would be many more patients to treat. There are always diseases enough, as yet non-preventable; it would be no harm were the unnecessary ones removed, for then there would be the more time for workers to devote to the first.

The necessity, then, for a State Board of Health in Massachusetts? To merely collect the statistics of births, deaths, and marriages, usurping the functions of compilers, like Mr. Apollonio, and taking the bread from their mouths? We trust not. These arrays of figures



are very interesting, and, unlike most things of the kind, can be made very correct. Is it merely to work up other numerals from the more debatable ground of public tabulation, such as mortuary statistics, based on causation; and percentages of proportion of sex to special occupations and to the census at large, of the insane to the sane, and of the sick to the well? Again we trust not. These also are profitable inquiries, and entrusted to born enumerators, like Dr. Jarvis, they sometimes produce fruit, bitter or sweet, as the case may be, much depending upon the manipulating. There is work, however, beyond all this, well worthy the expenditure of time, thought, and, if need be, of money.

The Second Section of the Act establishing the State Board of Health reads as follows: —

“The Board shall take cognizance of the interests of health and life among the citizens of this Commonwealth. They shall make sanitary investigations and inquiries in respect to the people, the causes of disease, and especially of epidemics, and the sources of mortality, and the effects of localities, employments, conditions, and circumstances, on the public health; and they shall gather such information in respect to those matters, as they may deem proper, for diffusion among the people. They shall advise the government in regard to the location of any public institutions. They shall, in the month of January, make report to the Legislature of their doings, investigations, and discoveries during the year ending December thirty-first, with such suggestions as to legislative action as they may deem necessary.”

Comprehensive as is the above assignment of power, it is yet very practical, and the only debatable question was as to the choice of men to serve as the members of

the Board. Seven persons were to be selected, of whom it was understood that at least three were to be physicians. In view of the magnitude of the trust to be confided to these gentlemen, it was of great importance that the governor should recommend to his council persons in every way competent; neither political favorites merely, nor the calculators of the expectations of life assurance. Leisure enough to attend to the duties of the position, and wealth enough to render such leisure possible; an appreciation of details, and mental comprehensiveness enough to deduce from these their laws; and withal sufficient independence of one's surroundings to give the courage to point out, and, if necessary, to assail whatever may be injuring the public health,—these are the characteristics which were all essential. Were graceful scholarship and a knowledge of state-craft the chief or only requisites, there could have been no more fitting choice than Dr. George B. Loring, of Salem; or if, in addition to the keenest sense of the true definition and proper scope of public charities, there was sought the business knowledge which could best apply a vested fund for these purposes, none could have been found better combining them than Dr. William R. Lawrence. What was needed, however, was just the men that were chosen,—Dr. Bowditch, searching for the key to the causation of consumption, and perhaps finding it too; Dr. George Derby, showing in the anthracite furnace the slow poison that makes of our schools and our dwellings the houses of death that they are. If to these there had been added the promised third physician, and he, Dr. Henry B. Wheelwright, to whose efficiency, as the former general agent of the Board of State Charities, so much of the success of that body has been owing; or Dr. Henry G. Clark, confessedly the chief authority in sanitary matters now living in the

Commonwealth, the Board would have been more complete.

There is not a town of any size, or even a village, in the State, which does not present practical questions coming directly within the province of the new Board. They will rapidly present themselves. As for our own city and its immediate suburbs, we may be doing good service by calling attention to a few of the more pressing needs. The nuisance at Pine Island, where an energetic manufacturer of boneblack so long laughed at the lamentations of a thousand neighbors, has been in a measure abated by foisting the mephitic factory upon the hitherto delightful South Shore; the public stables and receptacle of house offal, though still in close promixity to the City Hospital, are less noisome than they were; the transferrers of chamber-soil, thanks to more modern systems of drainage, do not make night quite so hideous as a few years since; the Church Street District has been patched and repaired, and that between Dover Street and the Albany Railroad bids fair to undergo an equal improvement; the rookeries of Fort Hill are being demolished, and Atlantic Avenue promises to cover the vile deposits at the head of many of the docks.

Ophthalmology has succeeded in providing the public dust-carts with canvas covers; laryngoscopy has perhaps been the cause of grading the morasses, that so lately disfigured certain streets at the South End, and the "catarrhal holiday" has been abolished. Much, however, remains to be done. The yearly cleansing of back yards and cellars reveals an eleven months' accumulation of the sources of disease that ought not to be permitted. Every Dispensary physician can point to isolated instances of neglect on the part of property-holders, which, in the aggregate, amount to something



very positive; and the practice still allowed, of filling up waste places with the sweepings of houses and the scrapings of the streets, instead of with clean country gravel, is a bad one. Lime is still burned from putrefying shells at South Boston, in the immediate vicinity of a very dense population, and there are still, without doubt, city fathers who think the horrible stench an excellent antiseptic. Still do the ore-heaps at Point Shirley, month by month and year by year, save when temporarily extinguished as now by some fluctuation in the tariff, belch forth their poisonous fumes. It is no excuse to say for these works that they are retired and partially locked by the sea. Directly beside them lies Deer Island, with its host of claimants of the city's care, none the less to be considered because they are pauper or erring. Directly beside them lies Winthrop, soon to be the Eastern Ward of Boston. Had the will existed to accomplish what the public health has long demanded, power would have been found by the city, or obtained, if not already possessed, to abate this excessive nuisance of the Revere Copper Company. And so with the slaughter-houses at Brighton. Let an alarm of cholera be given, and, under its stimulus, talk will be had of their suppression or improvement; but soon the power of invested capital resumes its sway, and sanitary claims are again disregarded. Intramural temporary interments are still permitted at certain seasons of the year, and still are congregations allowed to gather together in churches whose vaults contain the festering remains of deceased persons. No matter how long these may have been deposited, undertakers will testify to their offensiveness, and they are separated by but frail partitions from the worshippers above them. Dr. Jacob Bigelow, in his wonderful work of overcoming prejudice, brightening the valley of the shadow, and pre-

venting septic disease, stopped one step too short. He should have effected the removal beyond the probable city limits, of every particle of human debris, unless enclosed by dry earth, or the jars of an anatomical museum.

In making these remarks we may perhaps wound the sensibilities of some; we are pretty sure to receive the condemnation of others. Better do this, however, than by our silence become accessory to the continuance of public evils whose influence in causing disease and death is more than commensurate, oftentimes, with their age or apparent importance. Every life lost is not an isolated one; every life saved is, as a general rule, the precursor of others that else would not have been called into existence.

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APROPOS TO THE establishment of our State Board of Health, the Legislature of New Hampshire have just undertaken to give practical solution to a problem that concerns as well ourselves,—namely, the intermarriage of cousins. The following statute has been passed in the State referred to:—

“An Act in addition to Section I. and II., of Chapter III., of the General Statutes relating to Marriages.

“Be it enacted by the Senate and House of Representatives, in General Court convened:—

“*Section I.*—No man shall marry his father’s brother’s daughter, mother’s brother’s daughter, father’s sister’s daughter, or mother’s sister’s daughter.

“*Section II.*—No woman shall marry her father’s brother’s son, mother’s brother’s son, father’s sister’s son, or mother’s sister’s son.

“*Section III.*—This Act shall take effect in six months after its passage.

“Approved June 24th, 1869.”

We consider the above a step backward. It has been suggested to us that it is an instance of legislation for private ends; an influential gentleman in Portsmouth, enraged that he could not otherwise prevent the marriage of his child, and forgetting that it was only necessary for that child to cross the border of either of the adjacent Commonwealths to accomplish the purpose desired, is said to have deliberately dealt a blow at the conjugal freedom of a whole people. It is a maxim of law, that if any person, ignorantly, or through carelessness, or intending the harm for another, shall do an act endangering the peace or safety of third parties, the imputation of malice shall attach to that act, and condemnation be meted accordingly. Be this as it may, to decide that the marriages of cousins, in New Hampshire, after Christmas Day, 1869, are to be illegal, and the offspring of such union bastards, carries back, by implication, dismay to many a household, and despair to many a loving heart.

This is a question to which we have long given thoughtful attention. Inclined to consider the intermarriage of relatives in the third degree as probably unadvisable, we are yet satisfied that to interdict it by statute is an outrageous infringement of personal right, to be resisted accordingly.

We have spoken with caution concerning such intermarriage in the abstract, because it is still a question concerning which medical men disagree, and it is peculiarly one that they alone can decide. When, in 1857-8, Dr. Bemiss, then of Louisville, stated his views upon the subject, we were for a time inclined to blindly accept them; more especially as they tallied with the opinion of eminent psychologists and observers, as Burrows and Pritchard, Brooks and Howe. A more extended experience, however, with statistics has taught



us how unreliable they often are, more particularly if collated for a definite purpose.

It is undoubtedly a fact that if parties marry, whether related or not, in whose families there exists any common and identical decided trait or tendency, whether to mental or physical disease or peculiarity, this will be very likely to be reproduced in their offspring. The fact is just as true of strangers as of relatives, and it is simply a matter of exercising a little common sense in selecting one's mate. On the other hand, it will be asserted that where parties grow up together from childhood, so intense a degree of mutual affection is likely to result as will, more than in the case of strangers, obscure one's judgment concerning the very delicate question involved.

Without appearing irreverent, and distinctly acknowledging that we would not afford an argument that might in any way weaken the sacrament upon a respect for which the whole social fabric must obviously depend, we must yet call attention to the fact that originally one of two conditions must have obtained, — either there must have been different centres of creation for the human species, or else a far closer intermarriage of relations than that now sought to be prevented by the Legislature of New Hampshire, — a point to which the attention of the American Academy of Arts and Sciences was called a few months since, in a very thoughtful memoir upon the family relation in different nations. On the latter hypothesis, and granting the minor premise that close relationship necessarily effects a divergence from the moral standard in mind, body, or both, then it would follow, and still more if we should allow the assumption that these evils increase the more certainly in proportion to the number of successive gen-

erations, that our race ought, by this time, to have completely died out from the face of the earth.

The truth is, we think, and it is not necessary to quote the corroborative experience of stock-breeders to sustain this view, that the marriage of cousins is not necessarily, and in itself, fatal to the integrity of their offspring. It is rather the intensifying, by commingling, of similarities which, if existing, can, as among strangers, be perceived and avoided. "Circumstances sometimes promote marriages between cousins, and they have been common in many ages, and it is probable that common they will continue to be; and though we do not advocate them, we do not think it is quite fair to speak of such unions as if they were necessarily great evils, and productive of nothing but misery. Many such marriages have been very happy, and the children from them have not been inferior to children born of other marriages, in everything that is calculated to promote the welfare of individuals or families."

It will of course be understood that we have approached this matter from no personal reason, but only in consequence of its extreme gynæcological interest; we have frequently advised against the marriage of cousins when consulted in relation thereto, but we do not believe in undertaking to prevent them by statute; we are very much mistaken if there are not physicians in the neighboring State of sufficient public spirit to effect the repeal of the ill-advised law to which we have called attention.

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APROPPOS AGAIN to the State Board of Health.

We desire to call its attention, and that of our professional brethren, to the fact, that in a neighboring city, not more than ten miles distant from Boston, a member

of the Massachusetts Medical Society, in regular standing, who bears the reputation, well earned, no doubt, of being an unblushing abortionist, resides, and practices his nefarious art without let or hindrance.

More than once has the law striven to vindicate its violated authority and failed of its object, being struck spellbound by the all-potent charms of Mammon. More than once have dying lips borne testimony to the blood-guiltiness of this monster in human form. A regular physician of the place was applied to a short time since, by a married lady who considered herself pregnant, for assistance in getting rid of her growing child. He refused, when she urged her point, saying, "I do not like to go to Dr. —, he is so rough."

"Does Dr. — do such things as that?"

"Oh, yes! it is his whole business!"

"How much does he charge?"

"Ten dollars."

"Does he use an instrument?"

"Yes. He prefers to take them when they are about three months advanced; but I do not think that is quite right."

This is but a sample of the statements that are constantly being made by patients to physicians in the city referred to. They all agree in tenor, and so far as our acquaintance, which is not inconsiderable, goes, no one ever thinks it worth while to deny the reports.

The wretched mothers who lose their lives in this mad attempt to set at defiance the laws of God and man, may be virtually suicides, but their educated accomplice is, in a far truer sense, a murderer.

There cannot be the slightest doubt in regard to the truth of the statements which we have made, and yet the members of the District Medical Society, and of the Medical Association in his own city, allow this man



to go on in his course, without a single vigorous effort to arrest the diabolical work which is demoralizing the community, and tarnishing their own good name. Shame on the profession which makes such high pretensions, and tolerates such baseness! Shame on the manhood of those who retain in their fellowship, and admit, ay, to their very homes, and to a leading place in their councils, this professional Herod, whose garments are indelibly crimsoned with the blood of unborn innocence!! Dare any man who has virtually taken the solemn oath of Hippocrates, who has sworn to regulate his conduct by the noblest maxims of justice, purity, and benevolence, give countenance to the most cowardly of assassins, and even clasp his bloody fingers as those of a friend? If so, then farewell honor! farewell integrity! farewell all that is lofty and worthy of regard in human character!

The associates of the person referred to, standing idly by, with folded hands and silent lips, while the fearful slaughter goes on, though possessing all the while the power to arrest it, are participants in his crime, and at the bar of God, if not at that of man, they will be held accountable. We know that our language is strong, but we feel deeply on this serious subject, and mean to be understood.

Let the destroyers of infancy be on their guard, for vengeance will not always sleep as it has done. Human eyes are watching them, as well as the divine, and even tardy and uncertain human justice may overtake them ere they are aware.

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AUTHORS' COPIES have for some time been lying upon our table, of four works, appearing nearly simultaneously, whose publication marks an epoch in gynæcology.

We refer of course to the masterly treatises by Elliot,\* Sims,† Thomas,‡ and Emmet,§ of New York. Irrespective of our personal relations with these gentlemen, the scientific merit of their issues would long ago have prompted us to contribute our portion of praise to them through the press, had self-respect permitted us to seek the only opportunity to do so here existing at that time.

Now, however, that, by the establishment of this journal by the Society, we have at last become our own masters, we hasten to fulfil the pleasant duty, for it is such, of calling the attention of those who do not already possess them, to these admirable books. The authors to whom we have alluded had each achieved a well-grounded reputation prior to their present publications. To Sims and Emmet, his pupil, are due some of the most important advances ever made in Surgery; to Thomas and Elliot, much of the placing of Midwifery upon a scientific, as apart from a mere manipulative, basis. Those familiar with the practice of the leading men in our profession, at home and abroad, will find the recent letter of Prof. Gross, of Philadelphia, to the editor of the "New York Medical Record," || regarding the present position of Americans in the professional world, as profound and original thinkers, bold and skilful operators, and wise hygienists, to express their own conviction, coupled though it may be with a fear lest its plain statement may be mistaken elsewhere for our proverbial national vainglory.

New York has after all become the real field in

\* *Obstetric Clinic: A Practical Contribution to the Study of Obstetrics and the Diseases of Women and Children.* New York. Appleton & Co. 1868.

† *Clinical Notes on Uterine Surgery.* American reprint. New York. Wood & Co. 1866.

‡ *A Practical Treatise on the Diseases of Women.* Second Edition. Philadelphia. H. C. Lea. 1869.

§ *Vesico-Vaginal Fistula from Parturition and other Causes.* New York. Wood & Co. 1868.

|| *Loc. citat., June, 1869, p. 189.*

America for medical success. Things there are conducted not merely upon a larger, but upon a grander scale. To the student, what city in this country can offer equal clinical facilities? To the practitioner, general or special, what can afford such a wealth of material for the exercise of his skill? And, besides all this, the petty jealousies, and, as it were, family quarrels, that in smaller places drag every resident physician into the arena, and compel him to elect one of two conflicting partisanships, are in the great metropolis practically annulled. Individuality, save in reputation, is to a great extent lost, and the fact is recognized that to acknowledge another's merit is for the common good. There, a rival school, or a new hospital, is welcomed rather than contended against, and those working independently of cliques are honored by them all. Sims and Emmet, the head-centres of surgical gynæcology, receive the aid, upon their consulting staff, of Elliot and Thomas, and the Bellevue School, equally with the College of Physicians and Surgeons, reaps the benefit of the magnificent demonstrations upon the living subject at the State Woman's Hospital. We have, from time to time, for years, in our visits to New York, had personal experience of the facts we are speaking of, and while we renewedly commend to our readers the printed fruit of the experience of our friends, we advise, with even greater emphasis, that they improve every opportunity, whether they be physician or student, to seek New York for their gynæcological studies.



## BOOKS AND PAMPHLETS RECEIVED

BY THE SOCIETY.

55. G. F. H. ABEGG. (Dantzic.) Zur Geburtshülfe und Gynäkologie. From the author.
56. Do. Bericht über die Königl. Hebammen-Lehr-Anstalt. 1819-68. From the author.
57. SCOTT. (San Francisco.) Two Cases of Severe Stricture of the Rectum. From the author.
58. HECKER. (Munich.) Bericht über die Vorkommnisse in der Kreis-und Local-Gebär-Anstalt. 1868. From the author.
59. A. R. SIMPSON. (Glasgow.) Congenital Goitre. From the author.
60. Do. Hydronephrosis. From the author.
61. Do. Spontaneous Rupture of the Uterus. From the author.
62. WORKMAN. (Toronto.) 'Insanity of the Religious-Emotional Type. From the author.
63. GALANTE. (Paris.) Nouveaux Instruments et Appareils de Chirurgie. From Dr. Lemercier, of Paris.
64. MATHIEU. (Paris.) Instruments de Chirurgie. From Dr. Lemercier.

BY THE EDITORS.

46. Annual Report of the Church Home for Orphan and Destitute Children. Boston, 1869.
47. Annual Report of the Channing Home. Boston, 1869.
48. THOMAS. (New York.) The Diseases of Women. Second Edition. From Henry C. Lea, of Philadelphia.
49. FOWNES. Elementary Chemistry. From Mr. Lea.
50. SMITH. The Diseases of Children. From Mr. Lea.
51. ALLEN. (Lowell.) Physical Culture in Amherst College. From Prof. Edward Hitchcock.
52. Do. The Intermarriage of Relations. From the author.
53. DAVIS. (Cincinnati.) Carbolic Acid: Its Surgical and Therapeutical Uses. From the author.
54. HOUGH. (Philadelphia.) Description of a New Vaginal Speculum. From the author.
55. CARROLL. (New York.) Hygiene and its Relations to Therapeutics. From the author.
56. The Principles of Naval Staff Rank. From Dr. Peck, U. S. N.
57. GAY. (Buffalo.) Puerperal Eclampsia. From the author.

## IN EXCHANGE.

1. American Journal of the Medical Sciences. (Philadelphia.)
2. Boston Medical and Surgical Journal.
3. St. Louis Medical Archives.
4. Richmond and Louisville Medical Journal.
5. Detroit Review of Medicine and Pharmacy.
6. New Orleans Journal of Medicine.
7. Pacific Medical and Surgical Journal.
8. California Medical Gazette. (San Francisco.)
9. Cincinnati Dental Register.
10. American Journal of Dental Science. (Baltimore.)
11. Leavenworth Medical Herald.
12. Philadelphia Medical and Surgical Reporter.
13. Western Journal of Medicine. (Indianapolis.)
14. Buffalo Medical and Surgical Journal.
15. Dominion Medical Journal. (Toronto.)
16. Galveston Medical Journal.
17. New York Medical Record.
18. Half-Yearly Abstract of the Medical Sciences. (Philadelphia.)
19. Journal of Materia Medica. (New Lebanon.)
20. Pharmacist and Chemical Record. (Chicago.)
21. Canada Journal of Dental Science. (Hamilton.)
22. Canadian Pharmaceutical Journal. (Toronto.)
23. Herald of Health and Journal of Physical Culture. (New York.)
24. Guardian of Health. (Boston.)
25. Nashville Journal of Medicine and Surgery.
26. Cincinnati Medical Repertory.
27. " Lancet and Observer.
28. Medical Bulletin. (Baltimore.)

# THE JOURNAL

OF THE

## GYNÆCOLOGICAL SOCIETY OF BOSTON.

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### PROCEEDINGS OF THE SOCIETY.

*[Reported by Horatio R. Storer, Secretary.]*

SEVENTH REGULAR MEETING, APRIL 6, 1869.

THE seventh regular meeting of the Society was held at Hotel Pelham, on Tuesday evening, April 6th, 1869, the President in the chair. Present, Drs. Lewis, Warner, Sharp, Dutton, Bixby, Field, and H. R. Storer; and, by invitation, Drs. J. D. Whelpley, H. M. Saville, J. B. Treadwell, J. R. Webster, and J. P. Reynolds, of Boston; H. A. Martin and J. Seaverns, of Boston Highlands; S. F. Bachelder, of South Boston; W. C. B. Field, of Dorchester; and Norris, of East Cambridge.

The records of the last meeting were read and accepted.

The Secretary read letters in acknowledgment of their election, from Drs. E. R. Peaslee and G. S. Bedford, of New York; Washington L. Atlee, of Philadelphia; M. M. Pallen and M. L. Linton, of St. Louis; H. Miller, of Louisville; and W. O. Baldwin, of Montgomery, Alabama, Honorary Members; and Drs. D. D.



Spear, of Kennebunk, Maine; S. H. Tewksbury, of Portland; G. M. Bullard, of Blackstone, Massachusetts; E. S. Dunster, of New York; J. F. Miner, of Buffalo, New York; N. S. Davis, of Chicago; T. Parvin, of Indianapolis; E. Gaillard, of Louisville; W. S. Mitchell, of New Orleans; and Horace Dobell, of London, Corresponding Members. He also read a kindly and very interesting letter from an Active Member of the Society, Dr. W. G. Wheeler, of Chelsea, now absent in Minnesota. He exhibited the photographs added to the Society's collection since the last meeting, namely, those of Drs. Linton, Baldwin, Atlee, Miller, Gaillard, and Parvin; and announced that he had received, for permanent preservation, those of all the founders of the Society, save Drs. Field and Sharp.

The Secretary reported the following additions to the library: Byford's "Medical and Surgical Treatment of Women," Scanzoni's "Diseases of Females," and Tilt's "Uterine and Ovarian Inflammation" (London edition), from Dr. W. O. Baldwin, of Alabama; Dr. W. L. Atlee's works upon "Ovariectomy" and the "Surgical Treatment of Uterine Fibroids," a monograph upon the "Action of Anæsthetics upon Blood Corpuscles," by Dr. McQuillen, of Philadelphia, severally from their authors; and Dr. Bozeman's late pamphlet upon "Vesico-Vaginal Fistule," from the President of the Society.

The thanks of the Society were voted to the donors of these valuable gifts.

The Secretary laid upon the President's table the February number of the "American Journal of Obstetrics," containing the first publication of the Society's Transactions. He also read extracts from a private letter to himself by Dr. Dobell, of London, relative to his forthcoming report upon the "Progress of Practical and Scientific Medicine," especially in so far as concerns

their development in this country, and stated that he should be very happy to have the co-operation of the members of the Society in his endeavor to assist Dr. Dobell.

The Committee upon Membership having reported favorably upon the names submitted to them at the last meeting, Honorary and Corresponding Members were chosen, and, as an Active Member, Dr. John L. Sullivan, of Malden.

Dr. Field presented a specimen from a case of

MALIGNANT DISEASE OF THE PELVIC VISCERA,

and reported its history.

Mrs. —, aged sixty-seven, whose sister had died of cancer, had been in feeble health for several years. She took to her bed in the latter part of November. Her attendant, a homœopath, pronounced the case one of typhoid. Obstinate constipation till Jan. 1st, since when more or less diarrhœa and constant vomiting. About a week before her death, during March, she came into the hands of Dr. Field, who was unable to control either the vomiting or diarrhœa. Three days subsequently, Dr. Warner was called in consultation, who diagnosed malignant disease of some portion of the pelvic viscera, and gave it as his opinion that the vomiting was reflex.

Dr. Warner remarked that Dr. Field had neglected to state that precisely the same condition was found at the autopsy as had been decided to exist during life, and gave the details of the vaginal and rectal examinations that were then made. The induration found about the vaginal cul-de-sac was not unlike what obtains in the earlier stage of pelvic cellulitis and perimetritis, the uterus and appendages being fixed, but

rectal exploration revealed, high up, extensive malignant disease. Fæces had not escaped into the peritoneal cavity, although large portions of the intestine had sloughed away, the accident referred to having been prevented by adhesions.

Dr. Warner exhibited a very beautiful specimen of

EXFOLIATION OF THE ENTIRE UTERINE MUCOUS MEMBRANE AS THE RESULT OF TOPICAL TREATMENT.

In seven days after the application of acid nitrate of mercury to the fundus uteri, this membrane was found protruding through the os uteri. Upon examination it proved a complete and unbroken cast of the uterine and cervical cavities. The circumstances of the case were such as to preclude all possibility of pregnancy, and the specimen now shown was very different from the dysmenorrhœal membrane, or false decidua, exhibited at the last meeting. In the course of a long experience with the acid nitrate of mercury as an application to the uterine cavity, Dr. Warner had never seen so perfect a specimen. There had been no constitutional disturbance after the application.

Dr. Warner also reported a case of

FŒTATION COMPLICATING INTRA-PERITONEAL HÆMATOCELE,

and exhibited the aborted embryo.

Mrs. C., aged twenty-five, had aborted one year previously, since when her health had been feeble. For three months had flowed daily, it generally coming on at four P. M.; at times this had been so profuse as to occasion alarm. About three weeks previously to the discharge of the fœtus she had consulted Dr. Bowditch,



and was by him sent to Dr. Storer, who found a large tumor filling Douglas' fossa. From its peculiar pitting upon pressure, this was diagnosticated as hæmatocele. Every effort was made to suppress the hemorrhage, but without success; the patient was taken with labor-pains, and a three and a half months' healthy fœtus was discharged, whose presence had not previously been suspected by the parents. The placenta did not accompany the embryo, but, inasmuch as the hemorrhage had ceased and the patient's general health was rapidly improving, it was thought best not to interfere. About two weeks subsequently the placenta was spontaneously expelled. The tumor, however, posterior to the uterus remained unchanged. It is now slowly diminishing in size, and the patient is convalescing.

In connection with the above case of

PROTRACTED RETENTION OF THE PLACENTA AFTER  
DISCHARGE OF THE FŒTUS,

Dr. Bachelder, of South Boston, exhibited a similar specimen, and reported its history.

"The placenta presented was taken from the cervix uteri of a woman in South Boston on Saturday last.

"She is twenty-six years old; was married six months ago, was previously a widow, and has one child four years old. About five weeks ago I was called to see her.

"She said she feared she was going to have a miscarriage, as she had been flowing a little for a day or two, and was troubled with uterine pains; thought she was about three months pregnant.

"I enjoined rest, etc., and the next day she was quite comfortable.

"Ten days afterwards I was told that she had had a miscarriage two days before, but the pain and flowing

were so slight that they did not think it necessary to send for me. A week ago last Sunday, three weeks after her miscarriage, I was sent for in the night. She said she had been quite well since her miscarriage until that day, during which she had travelled about a good deal, and flowing commenced in the evening; there was not much hemorrhage after I saw her, but she complained of considerable pain, both uterine and lumbar. I prescribed an anodyne mixture of Valerian and Hyoscyamus, and some powders of Gallic acid.

"Monday, she was more comfortable; not much hemorrhage, but some clots were expelled; through Tuesday and Wednesday there was only a slight discharge from the vagina; no swelling or tenderness in the abdomen; no headache; pulse was good, tongue clean, and she complained of nothing except slight lumbar pains.

"But she was strangely nervous and excitable, — would send for me several times a day with especial directions to the messenger for me to come quickly, and I hurried over many times expecting to find a profuse hemorrhage, but was always happily disappointed. She would welcome me with a kind of frightened joy, such as a child who had lost its way would exhibit when it first recognized its father approaching; she would eagerly catch hold of my hand or arm, as if she fancied herself in imminent danger, from which I could save her. She would get calm in a few minutes, and on asking her how she was getting along, she would reply, 'Oh, splendid! only I was afraid you wouldn't come.'

"Thursday morning, I passed my finger up the vagina for the first time, and discovered a tumor in the cervix. The os was dilated to about the size of a twenty-five-cent piece, and my finger would easily sweep around the point of the tumor, which seemed the size of a hen's

egg. On Friday, I called upon Dr. H. R. Storer, gave him an account of the case, told him that if the patient had been pecuniarily able to pay a fee I should have sent for him to remove the tumor; but as she was not, I proposed to do it myself if he would give me a little instruction in regard to one or two points.

“He willingly assented, and, as I was about leaving, he kindly offered to come and see me perform the operation, saying that it would afford him much pleasure to take a lesson from me.

“I was delighted to accept the offer, so on Saturday he came, accompanied by Dr. Warner. Dr. Storer made a slight digital examination of the tumor; said that my diagnosis was correct; told the patient and her friends plainly that my treatment of the case had been right, etc. ‘And now, doctor,’ said he, turning to me, ‘let us see you remove it.’ I gave her ether, and after she was fully asleep invited Dr. Warner to examine the tumor. He did so for a minute or two, and then smilingly remarked that he ‘guessed’ I should not need to use the ecraseur, as the tumor was probably placental, and could easily be removed by the fingers. I was somewhat astonished at such a sudden change in the programme, but removed the mass at once as he had suggested. It proved to be a portion of the placenta, nearly the size and about the shape of a large hen’s egg. Dr. Storer thought it somewhat remarkable that it had been retained so long, and it is in compliance with his request that I have reported the case.”

Dr. Storer called the attention of the Society to the importance of inducing anæsthesia in cases attended with as much nervousness as the above, before venturing a diagnosis. The patient was so restless that before etherization it was almost impossible to introduce a finger into the vagina, much less any distance within



the os uteri. Attention had been diverted from the possibility of the true state of things by the belief of the attendants that at the miscarriage the secundines had been expelled, and there was moreover a variety of polypus, the so-called recurrent, a form of malignant disease, which to the touch presented many of the characteristics of placental tissue. It was not therefore to be wondered at that the diagnosis was not reached until after the exhibition of ether.

Dr. H. R. Storer exhibited, on behalf of Dr. Tower, of Weymouth, the

PELVIC VISCERA FROM A PATIENT DEAD OF CRIMINAL  
ABORTION,

the case being one then in court.

A midwife had engaged to produce miscarriage for a woman who was gone some five months, and undoubtedly did so. The person died several weeks after, extensive pelvic cellulitis being found at the autopsy, with complete disorganization of the left ovary. The specimen now exhibited consisted of the uterus, right ovary, and vagina. The uterus had been divided longitudinally, and transversely at the fundus. It presented the full amount of involution, and its parietes had undergone fatty degeneration, as had also the ovary. In the uterine cavity posteriorly were some minute longitudinal ridges, possibly the remains of an adherent placenta, and a short distance within the cervix, to the left, there were two small perforations, attended with surrounding discoloration, possibly effected by an instrument introduced with criminal intent.

Dr. Storer remarked upon the difficulty and danger of attributing such lesions to any preconceived cause, where death is so long delayed after the alleged inflic-

tion of violence. There was here perhaps reason for convicting the accused upon other evidence;\* he thought from what had been communicated to him that such was the case, but medical experts must be very careful, when put upon the stand, lest by turning counsel they let their zeal destroy the value of their testimony. He took occasion to allude to the reluctance of physicians to assist in bringing to justice these gross offenders who strike at man's life in the very citadel of its commencement, and instanced a late scandalous case in Essex County, where the assassin was a physician still accredited as a member of the Massachusetts Medical Society, whose disgrace it was that it had not yet moved in the affair.

Dr. Storer reported a case of

REMOVAL OF A LARGE PEDICULATED UTERINE FIBROID  
BY ABDOMINAL SECTION,

and exhibited the specimen, which weighed five pounds.

Susan H., from Worcester, aged thirty, unmarried, menses formerly normal, now with five weeks' interval; four cloths being soiled.

Two years since noticed a tumor in the left iliac fossa, which had increased to such an extent as nearly to fill the abdomen; the growth having of late been very rapid. Outline of tumor cordate, the concavity being downward and central, the uterus and tumor moving independently of each other, though to no great extent. Patient had been seen by several physicians, who had differed in opinion. The diagnosis now given to her by Dr. S., and by Dr. Warner, who saw the case in consultation, was a shortly pediculated fibroid. A preparatory

\* Conviction was subsequently attained in this case, of procuring the abortion, the jury failing to agree concerning the charge of causing the mother's death.

treatment was ordered of ox-gall and muriate of iron. Operation on 21st of March. Present, Drs. Warner, and Bixby, Marcy, of Cambridgeport, Norris, of East Cambridge, and Mr. Jordan, medical student. Upon making an exploratory incision, the tumor, as had been expected, was found to be uterine, but without adhesions; lying perfectly free within the abdominal cavity, save at its point of attachment to the fundus uteri posteriorly, so as to cause anteversion, by throwing the organ forward. The pedicle was little over an inch long, and some three and a half inches in circumference. The uterus was perfectly healthy with the exception of simple congestion, and so were the ovaries.

The incision was now enlarged, Dr. Storer's clamp-shield applied, and the mass excised above it, there being no hemorrhage. It was thought by Dr. S. to be hardly proper, in view of the chance of pregnancy if the patient lived, to pocket the stump in the abdominal wound, as he had done in his last successful case of ovariectomy, reported to the Society, as the uterus could hardly have righted itself from its enforced anterior displacement. A dozen wire ligatures were applied to the stump, but it was so vascular that severe hemorrhage ensued from the tracks of the wires, on the clamp being loosened. With much reluctance, a double ligature of silk was passed, by transfixion, the first time Dr. Storer had resorted to this material for nearly five years; and for the purpose of testing the method suggested by his late colleague, Prof. W. W. Greene, of Portland, the ends of the ligature were passed downwards through the vaginal roof, by a seton needle, and the abdominal wound closed. This healed by first intention, and the patient progressed without a bad symptom, till the fifth day, when she suddenly died of embolism. At the autopsy, made by Dr. Bixby, the pelvic condition was



found very satisfactory, as shown by the uterus and ovaries, now exhibited.

This was the first pediculated fibroid ever removed by Dr. Storer. In view of the success achieved by others, more particularly by Dr. Atlee, of Philadelphia, he considered the operation a legitimate one in desperate cases. Ordinarily, in such instances, the uterus itself contains additional fibroid deposits, and the removal of the pediculated mass alone would be likely to set up fatal inflammation in what was left. He had now removed the entire uterus for fibrous disease, in five patients, saving one of them. In the present instance, the uterus was so healthy, that it did not seem right to subject the patient to what might have been an additional risk. He did not think he could be again persuaded to ligate with silk, or to bring the ligature down through the vagina.

Dr. Storer exhibited another tumor, removed by him since the last meeting of the Society, the case being one of

REMOVAL, BY ABDOMINAL SECTION, OF AN OVARY PREVENTED BY ADHESIONS FROM RISING OUT OF THE PELVIC CAVITY.

Mrs. W. aged twenty-seven, was brought to him by Dr. Gilbert, of Quincy, on the 15th of February. Miscarried seven years ago, and has a child five years of age. Last September, fell upon a rock while picking wild grapes, and was conscious of injuring herself internally. First consulted Dr. Gilbert, a week since, who found a tumor occupying the lower pelvis, to the right of the median line.

Upon examination, Dr. G.'s diagnosis was confirmed; the tumor being soft, semi-fluctuating, and immovable, and with evident attachment to the uterus.

On March 23d, etherized the patient, and, in consultation with Dr. Warner, endeavored to force the tumor out of the pelvis into the cavity of the abdomen by pressure both from within the vagina and the rectum. This, however, was found impossible. In the course of the manipulation, Dr. S. noticed a sudden giving way under his thumb, his whole hand being within the vagina, much like the forcing in of the side of a decayed fruit. This was undoubtedly the rupture of one of the inter-cystic partitions, and upon this new sign, which does not seem to have before been noticed, Dr. S. at once based his diagnosis of an adherent multilocular ovarian cyst.

Operation on April 4th. Present, Drs. Warner, Gilbert, Hasket Derby, Bachelder, of South Boston, Bixby, and Mr. Jordan, medical student. The right ovary was found multilocular, and entirely below the brim of the pelvis, nearly occupying its cavity. It was reversed, and adherent throughout almost its entire circumference, so that it was extremely difficult to remove it without rupturing one of the cysts. This was, however, successfully done, with but little hemorrhage. A single small cyst was discovered in the other ovary, which was intentionally ruptured and the organ allowed to remain, in the hope, as naively expressed by Dr. Warner, that any tendency to the development of further disease might "be scared to death." The pedicle being sufficiently long to permit this, it was determined to secure it by Mr. Spencer Wells' extra-peritoneal clamp. One was applied, which proved too elastic to properly compress the pedicle; another was substituted, which broke as it was being fastened. Finally, the jaws of Storer's clamp-shield, divested of the compressing forceps, were applied, and fastened in position by a loop of wire. The wound was then closed by some twenty wire sutures. The patient did well until the fifth day, when suspicious

of latent peritonitis were excited, and she died as the abdominal cavity was being washed out by a weak solution of carbolic acid.

Dr. Storer had before lost patients of latent peritonitis, where not a single one of the usual symptoms of the disease had been present. He was not certain whether it was, or was not, generally best to give opiates as a rule, irrespective of determining causes, but was inclined to think it was not. He believed in administering freely such food as the stomach could retain and dispose of. He was beginning to believe that perhaps the greater proportionate success observed in Europe and in other portions of this country, as compared with that of New England surgeons, might, in part, be owing to the use of chloroform rather than ether, and a consequent less disposition to vomiting, which was so disastrous in its effects upon a disturbed peritoneum, and he was more and more inclined to insist upon putting his patients to bed for several days before an abdominal section, that they might entirely get over the ephemeral, but very constant, bed fever, so serious when occurring after an operation.

Dr. Storer presented, as coming under the head of Morbid Specimens, photographs of Sophia Gantz, the very interesting child-woman exhibited at the last meeting.

Dr. F. G. Lemer cier, of Paris, a gentleman associated with Dr. Auzoux, celebrated for the wonderful fidelity to nature of his so-called elastic models, and who had just completed a course of lectures upon Comparative Physiology at the Lowell Institute, was now introduced to the Society, having been invited to make a communication upon the "Nervous System of Woman as compared with that of Man."

Dr. Lemer cier's remarks were illustrated by very



perfect models, showing the minute, even microscopic, structure of the brain, medulla oblongata, and spinal cord; and, at their close, not merely were the thanks of the Society voted to him upon motion of Dr. Field, but, upon motion of Dr. Warner, an invitation was extended to Dr. L. to deliver a lecture upon the Physiology of Reproduction, at a special meeting of the Society (the time subsequently fixed upon for the lecture being Friday, the 9th instant).

The committee, Drs. Bixby and Field, appointed to consider whether some further action ought not to be taken by the Society relative to counteracting the mischievous influence of Mrs. Dall's late article in the "*Homœopathic Gazette*," reported that in their opinion Dr. Storer's paper upon the subject should be offered for immediate publication to the "*Boston Medical and Surgical Journal*."

The report was accepted, and the suggestion of the committee ordered to be carried into effect.\*

Upon motion of Dr. Dutton the officers of the Society were authorized, *ex officio*, to enter upon the publication of a new medical journal, to be entitled "*The Journal of the Gynæcological Society of Boston*."

Nominations made by Drs. Storer and Bixby were referred to the Committee upon Membership.

Adjourned.

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SPECIAL MEETING, APRIL 9, 1869.

A special meeting was held this evening at Hotel Pelham, to hear a communication from Dr. Lemer cier upon

\* In consequence of certain offensive conduct of the editor of the journal referred to, it was thought best to reserve Dr. Storer's paper for publication elsewhere. It will be found in a future number of the *Journal of the Society*.

the Physiology of Reproduction, Dr. Dix having kindly offered the use of his capacious and elegant apartments for the occasion. The President occupied the chair during a portion of the evening, Dr. Warner subsequently filling his place, there being present Drs. Lewis, Warner, Dutton, Field, Sullivan, and H. R. Storer, and Dr. Pinkham, of Lynn, Corresponding Member, and, by invitation, some two hundred medical gentlemen of Boston and the immediate vicinity.

Dr. L. commenced his observations by calling attention to the process of impregnation and embryonic development in plants and the lower animals, demonstrating upon his models the normal fructification in flowers and by the aid of the working bee, and exhibiting the minute sexual anatomy of the articulata, molluscs, and lower vertebrates; in the latter instance displaying what obtains during incubation in the egg of the mammoth *Epiornis*. He then passed to the human species, explained all the mysteries of normal and extra-uterine foetation, detailing the several advances made by De Graaf, Bischoff, Coste, Von Baer, and others, many of these recent observers being personal friends of his own, and demonstrated the changes undergone both by the uterus and foetus during gestation.

His exposition of the peculiarities of the foetal as compared with the infantile circulation was peculiarly beautiful; but where everything was so perfect, it were difficult to refer to one point rather than to others as the more excellent.

At the close of Dr. Lemer cier's remarks, which were listened to with uninterrupted attention for nearly two hours, the thanks of the Society, upon motion of Dr. Dutton, were voted to him, whereupon the folding-doors back of the President's chair were thrown open, and the hospitality of the generous host, Dr. Dix, towards

the Society and its guests culminated in an elegant and very costly entertainment, during which the Society adjourned.

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EIGHTH REGULAR MEETING, HELD APRIL 20, 1869.

THE eighth regular meeting of the Society was held this evening at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Bixby, Dutton, Sharp, Field, and H. R. Storer; Dr. Pinkham, of Lynn, Corresponding Member; and, by invitation, Drs. Skinner, of Barton, Vt.; Deane, of Montague; Fowler, of Brighton; Norris, of East Cambridge; Marcy, of Cambridgeport; Both, Harlow, Johnson, and N. Greene, of Boston, who were suitably welcomed by the President.

The records of the last regular meeting, and of the special meeting to hear the communication from Dr. Lemercier, of Paris, were read and accepted.

Letters were read by the Secretary from Drs. C. A. Lee, of Peekskill, N. Y., and S. D. Gross, of Philadelphia, Honorary Members; John Berryman, of St. John, N. B.; G. T. Elliot, Jr., and Ebenezer Storer, of New York; E. B. Stevens, of Detroit; and G. Dowell, of Galveston, Corresponding Members; and J. L. Sullivan, of Malden, Mass., an Active Member; severally acknowledging their election to the Society.

Photographs were exhibited of Drs. Gross, Stevens, Dowell, and Berryman, Honorary and Corresponding Members, sent to the Society's collection since the last meeting, and of Drs. Velpeau, Malgaigne, Jobert de Lamballe, Paul Dubois, Nelaton, Trousseau, and Cruveilhier, of Paris; Virchow, of Berlin; Nüssbaum, of Munich; Breiskey, of Berne, Switzerland; Seyfert and Purkinge, of Prague; and Carl Braun and Rokitansky,



of Vienna; all of which, enclosed in an appropriate album, were presented by Dr. Bixby, an Active Member.

Dr. Storer exhibited a new form of

CLAMP FOR THE EXTRA-ABDOMINAL TREATMENT OF  
THE OVARIAN STUMP.

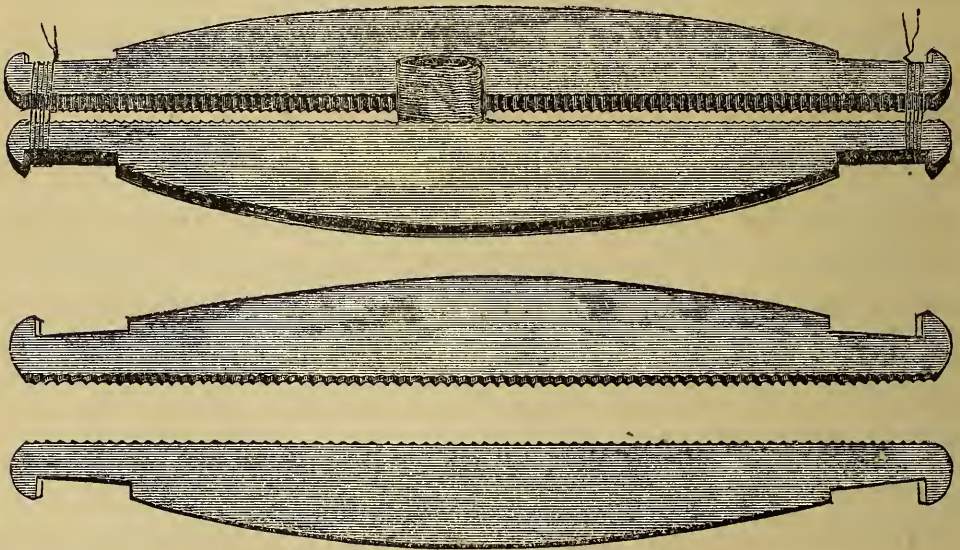
At the last meeting of the Society, Dr. S. had reported a case of ovariectomy, in which he had fastened the pedicle, as first suggested by Mr. Hutchinson, of London, outside the abdomen; this being the method resorted to in all cases where the length of the pedicle permits it, by Mr. Spencer Wells, the instrument employed by this gentleman being a modification of Mr. Hutchinson's. In the case referred to, Dr. Storer had applied one of Mr. Wells' clamps, but its jaws proved not sufficiently unyielding to prevent retraction. Having a stronger one with him of similar pattern, this was substituted; but one of its screw-heads breaking, it became necessary to improvise a third, which was done by applying the movable jaws of the first form devised of Dr. Storer's clamp-shield,\* closing them by their compressors, and then fastening them by a loop of wire, the compressing forceps being thus permitted to be withdrawn. The contrivance was found to answer admirably its purpose, and remained without disturbance until the patient's death from peritonitis upon the fifth day. There were, however, one or two respects in which the apparatus was capable of improvement, as accomplished in the instrument now exhibited. In the original form that had been employed the jaws were subovate, and were fastened at an extremity, by entering the one into the other by ginglymus, thus very materially increasing the pro-

\* Trans. Am. Med. Assoc., vol. xvii., 1866, p. 223.

portionate compression at one end of the clamp, whereas, the indication, save in exceptional cases, was to obtain an equable constriction.

The size of the jaws, moreover, was such as to render them more unwieldy than was necessary, while their breadth at the centre, of advantage in protecting the bladder, vagina, and rectum from being opened during the operation for removal of the uterus by abdominal section, rendered it a little more difficult here to close by suture the line of the wound beneath them. The objections above indicated were wholly avoided in the instrument now exhibited.

It consists of two parallel steel limbs, four inches and a quarter in length by half an inch in breadth at the widest part, and a little over an eighth of an inch in thickness, the extremities being symmetrically provided with a flat notch three-eighths of an inch in length, a third of which is left free after the compressing forceps



are fastened, and so readily admits the application of the loop of wire by which they are secured at any required degree of tightness.



The compressing forceps, which answer their purpose very excellently, were thus described by Dr. S. to the American Medical Association in 1866:—

“ Their plane forms a right angle with that of the jaws of the clamp, and they are twelve inches in entire length; that of the blades is two inches; their joint half an inch to its centre, and their extreme limit of expansion three inches and a half. This allows them to grasp a pedicle of very great size. They are fastened by a sliding oblong ring, three-ninths of an inch in inner diameter, and bevelled within to a thin edge, which catches by a ratchet attachment in a series of transverse grooves upon the outside of both handles. The ring is easily unlocked by slightly compressing the handles, and is retained within reach by a slender silver wire, by which it is attached to one of their fenestræ.”

There were as great advantages in this clamp over that of Mr. Wells as his had presented over Mr. Hutchinson's.

The principle by which equable compression of the pedicle was effected was the same in both instances; but Mr. Wells' clamp was more difficult of attachment, and the screw-stems were in the way afterwards, both of applying the sutures and keeping the wound properly cleansed.

Dr. Storer presented from Dr. Sam. B. Hunter, of Machias, Me., the report of an operation by him for

#### REMOVAL OF A LARGE FIBROUS POLYPUS.

Patient operated upon on the 9th of February; is now doing well; can walk about the house. Tumor fibrous, three by two and a half inches or more, with attachment so large that the ecraseur could not be got to work either by cord, wire-rope, or chain, and, as the patient



was sure to die soon if not relieved, the tumor was seized with Turner's hook forceps, drawn down to the os externum, then this dilated with the fingers, giving the forceps to an assistant, and passing a kind of curette behind, shaped like a sound (No. 8 size — *o*, scoop end) with the curve or scoop upon the inside. This sound kept the tumor and womb down while the forceps were changed and the womb prevented from inverting, and also helped to separate the tumor. Sponge tents had previously been employed. In about an hour the tumor was separated and came away entire. Warm water injections with carbolic acid were used freely. Pain, flowing, and numbness all stopped at once, and there was not a bad symptom subsequently.

The Secretary also presented a communication from Dr. Gerould, of Massillon, Ohio, a Corresponding Member of the Society, upon

BROMIDE OF IODINE AS A THERAPEUTIC AGENT IN  
THE TREATMENT OF UTERINE DISEASE.

[Dr. Gerould's paper was published in the July number of this Journal.]

Dr. Storer exhibited to the Society a quantity of the agent brought to its notice by Dr. Gerould, and remarked that he had himself for several months been studying its therapeutic effects. His attention had first been called to it in 1866 by Dr. G., who had for the previous year been his assistant. Finding it impossible at that time to procure any in Boston, and being told by chemists that an intimate union of the two metalloids was impossible, the subject was allowed to drop until his attention was again called to it during the last autumn by Dr. Talbott, of Warren, Pa., who informed him that Prof. Metcalfe, of New York, could give further

information concerning the compound. Upon being written to, Dr. Metcalfe stated that he had found much benefit from a topical use of the bromide of iodine in affections of the throat, especially of a diphtheritic character. Dr. Storer had not yet settled in his own mind whether the agent could be relied upon as producing all the benefit claimed for it by Dr. Gerould. He was satisfied, however, that it at times produced great constitutional irritation, especially when applied within the uterine cavity, and that it must be used with care.

Dr. Warner had also extensively used the bromide of iodine, and had frequently seen excessive general irritation from its employment. He was not, on the whole, very favorably impressed by it; and had been unable to obtain the benefit from it, in fibrous tumors, which Dr. Gerould thought he had seen. He had continually used it in one case of this character for three months, the applications being made weekly, without any change for the better being observed. He had used a solution of fifteen per cent. of the bromide.

Dr. Field asked if the method in which the metalloids combined with each other had been studied by chemists.

Dr. Pinkham replied that it had, but that he himself did not fully understand their relations.

Dr. Storer called attention to the marked

#### SYMPATHETIC CONNECTION BETWEEN THE UTERINE AND PULMONARY SYSTEMS IN WOMEN:

so great, indeed, that the uterus has been called an accessory respiratory organ. During menstruation a large part of the carbonaceous waste, which is at other times burned in the lungs, is carried off by the catamenia — thus rendering the work to be accomplished by respiration much easier. Andral and Gavar-

ret had shown this fact by carefully conducted experiments, and it was evident that the relative steadiness of tax upon the lungs must be very different in women than in men, and that allowing for variations in clothing, diet, exercise, atmospheric temperature, and humidity, it must differ very much in women according to their time of life, and in the same women according to the length and severity of the menstrual periods, and the duration of their interval. He had long been satisfied that the fact referred to played an important part in the solution of many otherwise difficult thoracic problems in women, and instanced the so-called uterine asthma sometimes accompanying dysmenorrhœa; the more frequent occurrence of hæmoptysis as vicarious of the menses, rather than hæmatemesis, epistaxis, hæmaturia or hemorrhage from the rectum; the occurrence of amenorrhœa in the course of pulmonary phthisis, and of this latter affection as a direct rather than secondary result of menorrhagia; and the frequent relief of pulmonary disease by the occurrence of or during gestation. Dr. S. thought these points of such importance as to merit more thorough study than had yet been devoted to them, and that the only correct method of arriving at the truth was by obtaining an exact anatomical and pathological knowledge of the minute details of the ultimate structure of these organs. He took pleasure in introducing to the Society Dr. Carl Both, a gentleman who had given the subject thoughtful attention for many years, besides having been a pupil of several of the most celebrated continental authorities. It would be noticed that Dr. B. attaches a good deal of importance to the secondary effects of mechanical pressure.

Dr. Both's communication was of a very interesting and exhaustive character, and was illustrated by well-prepared diagrams. An abstract of it is as follows:—



The disorder which has been named tuberculosis is, besides being interesting to all thinking men, especially important to gynæcologists in three different points of view: —

1. How far does tuberculosis affect the sexual organs of the woman organically? From Dietrich's report of the Pathologico-Anatomical Institute at Prague, it appears that only one out of forty women with tuberculosis exhibited tubercular deposit in the sexual organs. If so, it was generally the cornua uteri, and the mucous membrane of the tubæ Fallopii which were affected. Tuberculosis of the ovaries is still more rare. It appears from this that tuberculosis is a disorder which only seldom directly affects the sexual organs, and that so far it might seem of comparatively little importance to the gynæcologist, inasmuch as such affections only rarely come within the reach of his diagnosis, the symptoms of the other affected organs overshadowing those now mentioned.

2. How far does tuberculosis interfere with the physiological functions of the female sexual organs?

From the fact that menstruation ceases sooner or later in almost every case of tuberculosis, this forms a very important question in gynæcology. The following points require discussion: —

*a.* What is the direct cause of such cessation of the menses?

*b.* Is it wise, or not, to enforce the menses artificially in tuberculosis?

*c.* For what purpose, and under what circumstances, would such artificial menstruation be advisable, and when is it not advisable?

*d.* What would be the best mode of causing artificial menstruation?

3. Have disorders of the sexual organs a direct in-

fluence upon the origination of tuberculosis pulmonum?

This question Dr. Both wishes to answer in the affirmative by maintaining that various disorders (prolapsus uteri, tumors, dislocations, inflammations, etc.) prevent the free use of the body, consequently also of the lungs more or less; that any prevention or neglect of respiration for a certain length of time causes collapse of the apices of the lungs, consequently obstruction of the capillary circulation, which latter produces tuberculosis.

He doubts the correctness of the theory of respiration by the diffusion of gases, and direct exchange of gases between capillaries and alveoles; and maintains that the meshes of the elastic tissue are the medium where the serum of the blood and oxygen meet; also that the pressure which is produced by extension and collapse of the alveoles constitutes the propelling power which moves the blood from the capillary arteries of the lung to the capillary veins. From this he concludes that if respiration ceases, the flow of blood in the capillaries becoming arrested, the blood globules accumulate and form a thrombus. Thus the capillary vessel, necessarily extended before the thrombus, bursts upon some occasion, and blood globules escape into the meshes of the elastic tissue, where they remain, and induce by their own degeneration that also of the cells of the elastic tissue, as well as those of the alveoles. He denies that newly formed cells exist in tubercles; in which opinion he is directly supported by Dr. James Hughes Bennett, of Edinburgh.

Dr. B. also claims to have discovered that mode of treatment which Dr. Bennett predicted in the preface of his *Treatise on Tuberculosis* as follows: "Although it was generally considered by the profession that no remedy and no plan of treatment yet proposed could be

depended on in cases of consumption, it was obvious to the author, that if the process employed by nature could be discovered, and then imitated by art, we might ultimately arrive at the true principle of cure."

This mode of treatment, which has been published in the "New York Medical Record" of Sept. 1st, and 15th, Oct. 15th, and Dec. 15th, 1868, Dr. Both has called "the artificial calcification of tubercles." Dr. Bennett had already himself stated that calcification is the mode adopted by nature, but failed entirely to employ this fact in practice and theory.

Dr. Both also denies the inheritability and contagiousness of tuberculosis, and refers the cases of apparent inheritance to atelectasis neonatorum, sometimes also to vaccination of malignant virus, etc. For the development of tuberculosis, he maintains the following thesis: "that it is absolutely necessary for the development of tubercles in the lungs that respiration should have been arrested previously in the parts in question; that the development of tubercles in all parts of the lungs which can be freely used for respiration, is an absolute impossibility." This thesis he claims not to admit a single exception, and if accepted, to clearly demonstrate the influence of disorders of the genital apparatus of women upon tuberculosis of the lungs.

In view of the interest and novelty of Dr. Both's views, the President appointed a committee, consisting of Drs. Bixby, Warner, and Sharp, to examine carefully into the whole matter, by microscopical study of healthy and diseased pulmonary tissue, and report at a future meeting of the Society.

The Secretary announced that he had received from Dr. John P. Gray, of Utica, late President of the New



York State Medical Society, the draft of a bill relating to

THE PROCUREMENT OF CRIMINAL ABORTION,

lately reported to the Legislature of New York, in behalf of that Society. This was a matter of importance to our own Society, in view of the great frequency of the crime. In many instances it was caused by direct mental aberration; in others it was the result of that subtle imitative propensity which, in giving rise to the vagaries of fashion and the whirlwind manias of certain forms of sympathetic disease, had afforded so puzzling a study for psychologists. It was moreover the prolific parent of multiform dangerous and obstinate organic lesions, which it was as much the business of the gynæcologist to prevent as to cure.

Dr. Storer also called the attention of the members to the fact that the action of the New York Society, and of other State Societies that had preceded it, was in pursuance of the active impulse given so long ago as 1857, by the report of a committee of the Suffolk District Medical Society of this city, followed, in 1859, by the Memorials of the American Medical Association, which he now exhibited, to the several Legislative Assemblies and State Medical Societies of the Union. In 1860, Dr. Brinsmade, of Troy, N. Y., now deceased, from the committee of the Medical Society of the State, appointed to consider the recommendations of the American Medical Association, reported the following resolution, which was adopted: "That the Society cordially approve of the action of the American Medical Association in its efforts to exhibit the extent of the evils resulting from the procuring of criminal abortion, and of the means which are adopted to prevent its commis-

sion, and cheerfully comply with the request to a zealous co-operation for the furtherance of more stringent legislation in regard to this most destructive and revolting crime, committed almost with impunity, and with appalling frequency." For reasons almost inseparable from the successful progress of any great reform, effective action was delayed until the meeting of 1867, when a series of resolutions presented by the venerable Dr. James Anderson, of New York city, were adopted, and transmitted to the State Assembly then in session. In the drafting of these resolutions, Dr. S., who was present as a delegate from the State Society of Massachusetts, had the honor of being consulted. As was expected, the ice was but broken, and it was to the eloquent appeal of the next year, 1868, made in his inaugural address, by Dr. Gray, then President, and to the fact that the draft of the bill now exhibited was presented by the Society to the Assembly, ready for their immediate action, that the progress made must be attributed.

How different from what has obtained in our own State! It was here that the advance was initiated, which has received the benediction of the whole country. Having given the key-note to other States, the courage of our brethren failed them,—Boston, which claims to control the opinions and actions of the rest of the State, first showing the white feather.

In furtherance of the action advised in 1857, by the committee of the Suffolk District Medical Society, another committee was appointed by the State Society at large, with instructions to mature and render effective an appeal to the Legislature, praying for such modification of the abortion statute as might be needed. Of this committee Dr. S. was a member, his colleagues

being Drs. Foster Hooper, of Fall River, Ebenezer Hunt, of Danvers, Jacob Bigelow, John Ware, J. C. Dalton, and Charles Gordon, of Boston.

These gentlemen, two of whom are now deceased, took advantage of his absence from the State, to hurriedly report that "the laws of the Commonwealth are already sufficiently stringent, provided they are executed;" whereas the fact was, and is, that their very imperfections rendered their execution often impossible. The Councillors of the Society adopted the report of the committee, Dr. S. subsequently protesting against their action, by formal letter, and in print, and thus the matter has rested,—an occasional case of woman-slaughter, like those reported at the last meeting of this Society, coming to the surface, and by its slight ripple stimulating, for a moment, the professional conscience to an appreciation of the fact that, by their prolonged apathy, physicians are becoming more and more responsible for the prevalence of this crime. The subject was one deserving the attention of the Society.

The justice of the preceding remarks was acquiesced in by the members present, and a committee, consisting of Drs. Storer, Dutton, and Sullivan, was appointed to report at a future meeting such action as may seem advisable to assist in preventing the crime of abortion.

The Secretary read extracts from a letter from Mrs. C. H. Dall, to the effect that her communication in the "Homœopathic Medical Gazette," upon the unfitness of physicians to have the charge of female patients, upon which comments were made at the two preceding meetings of the Society, was written at the instigation of a medical man; and that it was intended to represent the opinion of many of the older members of the profession and to provoke discussion.



Upon motion, Drs. Bixby and Field were elected delegates to the approaching meeting of the American Medical Association, at New Orleans.

The thanks of the Society were voted to Dr. John H. Dix, for so kindly offering the use of his spacious and elegant apartments, upon the occasion of the late special meeting of the Society, to hear Dr. Lemercier's communication, and for the subsequent costly and wholly unexpected entertainment so hospitably given to the Society and its guests.

The Secretary stated that negotiations were in progress with a responsible publisher, for the establishment of the new journal authorized by the Society, and that he had reclaimed from New York the MS. transactions hitherto sent to be there published.

Adjourned.

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## EXTIRPATION OF THE PUERPERAL UTERUS BY ABDOMINAL SECTION.

BY GEORGE H. BIXBY.

[*Read before the Society, August 10, 1869.*]

MRS. H., aged thirty-seven, native of Pennsylvania, residing at 52 Spring Street, consulted Dr. H. R. Storer, on July 16th, 1869, for pregnancy complicated by a large obscure abdominal tumor.

The patient had menstruated regularly every three weeks since her fifteenth year, until the commencement of her disease. In November, 1867, she married; in

December of the same year she discovered an enlargement, the size of her fist, in the left hypochondrium. For some months subsequently, having experienced little or no inconvenience from it, she did not call medical aid. About one year from the date of this discovery, perceiving a decided change in the swelling, the menses having been absent some two months, she became suspicious of her condition, and sought medical advice at the Massachusetts General Hospital. Here she was carefully examined by several surgeons, her case pronounced one of ovarian tumor, and papers of admission accordingly made out. For some reason or other the patient did not enter the institution, but sought advice elsewhere. Later she consulted Dr. Kimball, of Lowell, who pronounced the case one of fibrous tumor of the uterus. Several others were also consulted, whose names I did not learn, but who considered the tumor ovarian, and who told her it was impossible for her to live through her confinement. On July 16th, as I have said, fully understanding her desperate condition, she first consulted Dr. H. R. Storer, her full term of pregnancy having expired.

At this time foetal movements were thought to be perceptible, though, from the condition of the pelvic and abdominal viscera, it was impossible to make a decided diagnosis of the point. By inspection the abdomen was found quite large, and presented an irregular appearance. In the right hypogastric region, there existed a distinct, somewhat irregular tumor, upon which there was a sort of depression, which extended diagonally across the abdomen, and ended in another tumor in the left hypochondrium. Palpation of the first gave evidence of the distended uterus, through the walls of which, foetal members could apparently be detected. The tumor of the left side was round, regular, firm, and unyielding,

though elastic. Auscultation was thought to give evidence of foetal circulation. By vaginal examination, the finger came directly in contact, posteriorly, laterally to the left, and quite low down near the outlet of the pelvis, with a firm, round, unyielding body, which so completely filled its cavity, that the space between it and the opposing side could not have been an inch and a half in extent. The finger passed up through this narrow space with considerable difficulty, and detected the cervix uteri very high up, to the right, resting superiorly upon the pubes, laterally and to the left upon the tumor, firmly fixed in its position. Dr. Storer decided that delivery, even by cranioclasm, would be impossible, and requested me to take charge of the details of the case when labor should commence. Accordingly the patient was dismissed with instructions to notify me of the first signs of labor.

Two days afterwards, on July 18th, being out of town, I was telegraphed for, in great haste; from some mistake the message did not reach me for twenty-four hours. Upon my arrival, I hastened with all despatch to my patient, fearing some evil results from the delay, but at the same time, from the peculiar nature of the case, I felt assured that labor could never be naturally completed. I found the patient suffering from slight pains, the waters having passed off some hours previously. By vaginal examination I found the cervix dilated to the size of a dime-piece. Having got the finger past the point of obstruction by the tumor, there was not the least difficulty in detecting the foetal head, which presented still very high up, pressing upon the tumor from above. The dilatation thus far was effected, doubtless, by the pressure of the membranes. I took occasion at this opportunity to examine the tumor care-



fully, and found it as before, unchanged either as to location or consistency.

Upon the 19th, Professor D. H. Storer was called in consultation. There were present Dr. H. R. Storer, Dr. Warner, and myself, and a careful examination was made by the gentlemen present. Professor Storer thought the tumor might possibly be ovarian, but did not feel quite sure. At his instance it was decided to leave the case for some little time to the natural powers. I spent the night with the patient, during which she had, or supposed she experienced, slight pains. Examination, however, revealed nothing new, and in the morning so completely in statu quo was the condition of everything, that I even doubted the fact of her being in labor at all. In the morning Dr. H. R. Storer saw the case again, and having satisfied himself that no progress whatever had been made, owing entirely to the presence of the tumor, and that this condition would continue, so far as any efforts on the part of nature were concerned, decided to proceed upon the following day to an abdominal section as the only possible chance of saving the mother's life.

July 21st, there being present Dr. Warner, Dr. McDonough, and myself, the patient was placed under the influence of chloroform, another examination made, and the following conclusions were definitely arrived at: 1st, that there was present, pregnancy complicated either by a fibro-cystic tumor of the uterus, or a multilocular ovarian cyst, with one of its appendages crowded down between the pelvis and the uterus; 2d, that even with mechanical interference the escape of the foetus per vias naturales was utterly impossible; 3d, that the space between the tumor and the pelvic wall, being less than one and a half inches, would not admit either of craniotomy, cephalotripsy, cranioclasm, or any other

mechanical interference per vaginam; and, 4th, that Cæsarean section, in accordance with the views of all writers, was certainly indicated as the only resort, provided it were impossible to remove the tumor by abdominal section, and then proceed to a forced labor.

The great doubt as to the nature of the tumor, as well as its relations with the uterus, inclined Dr. Storer to the idea preliminarily of an exploratory section, upon the grounds that if such section were made, and a cyst of the ovary, or even a removable uterine fibroid, were found, the same could be evacuated or excised, and the foetus subsequently expelled in the natural manner, perhaps after the employment of Barnes' dilators. Accordingly a small incision was carefully made, some two inches in length, a little to the left of the median line, and three inches below the umbilicus. Upon cutting through the peritoneum there presented a large, smooth, bluish-colored tumor, which might have been taken either for the impregnated uterus, a discolored cyst of the ovary, or a fibrous tumor. This doubtful condition induced Dr. Storer to enlarge his incision somewhat, in order to introduce the hand. Exploration with the hand within the abdomen established the existence of a fibro-cystic tumor of the left and lower anterior wall of the uterus, with an outgrowth nearly the size of the foetal head, originally pediculated, but now firmly adherent low down to the walls of the pelvis. On the right the uterus, with the foetal members plainly to be felt through its walls, was perceptible, but so retroflexed as to render it very difficult to cut into it at this point.

An exploratory incision was now undertaken in the tumor situated at the left. Each stroke of the knife revealed a regular series of concentric layers of fibrous tissue, not unlike that of the uterus. After cutting

down to the distance of about two inches, the scalpel glided suddenly into a cavity, filled with a thick, brown, semi-fluid, putrilaginous substance, evidently resulting from degeneration of the fibroid. The hemorrhage being already very profuse, and the danger from shock and exhaustion imminent, with a few rapid strokes of the knife, Dr. Storer extended his incision into the cavity of the uterus, and with all expedition removed a male child, weighing eight pounds; it being, as well as the placenta, in an advanced state of decomposition. This accomplished, the next question to be decided was, what should be done with the mass left behind, including uterus and tumor. There was little time to be lost, for the hemorrhage from the incision into the vascular structure of the uterus, together with the open vessels at the site of the placental insertion, which it was evident that the irregular contraction of the uterus that was alone permitted by the tumor, could never stanch, was perfectly frightful. It was apparent that the tumor in the uterine wall would necessarily prevent a perfect contraction of the organ, and thus render suppression of the hemorrhage impossible, contrary to what obtains in ordinary uncomplicated cases of Cæsarean section.

With his usual self-possession, Dr. Storer decided to remove the whole mass as far as possible, which would include the uterus, as well as the fibro-cystic tumor of the left wall, necessarily leaving behind the outgrowth posteriorly, the firm adhesions of which to the pelvis it was found impossible to dissect away or break down. Accordingly, a large-sized trocar having been passed through the upper segment of the cervix uteri, and a metallic cord passed doubled through its canula, the whole was firmly tied in two parts. Fearing lest this constriction might not prove sufficient to check the hemorrhage from so vascular a part, especially the pedicle



of the pelvic tumor, which was included in the ligature, the ecraseur with its chain outside the canula, to prevent drawing in extra tissues, was applied, and the mass slowly constricted. Having been removed, its stump was held by the ligature, and seared by the hot iron. Not feeling even then secure against a recurrence of hemorrhage, Dr. Storer applied his clamp-shield, which controlled the pedicle completely. Everything now being perfectly safe, without the least hemorrhage persisting, the abdomen was carefully cleansed of all coagula, and the wound brought together by ten deep silver sutures, which involved the peritoneum. The chloroform was continued to a limited degree, in order to ensure rest, and at the end of an hour the patient was allowed to rally. She returned to consciousness in the happiest way, without complaining of the least pain or discomfort. The operation was commenced at half-past twelve M., and terminated at half-past three, P. M. I remained with the patient during the remainder of the afternoon, and the whole night, during which time I made the following semi-hourly, hourly, and bi-hourly observations.

July 21st, 4 P. M. Pulse, 108; resp., 30; temp., 100 2-5; comfortable; mind clear.

4.30. Pulse 108; resp., 30; temp. 100 2-5; mind clear; took stimulants, brandy and water 2 teaspoonfuls, 1 teaspoonful brandy to 6 water.

1st hour, 5. Pulse, 112; resp., 34; temp., 101.

5.30. Pulse, 108; resp., 32; temp., 101 1-5.

2d hour, 6. Pulse, 112; resp., 34; temp., 101.

6.30. Pulse, 104, immediately after changing the soiled clothing; resp., 32; temp., 101 1-5.

7. Pulse, 112; resp., 34; temp., 101.

3d hour, 7.30. Pulse, 108; temp., 101 2-5; resp., 32.

4th hour, 8.30. Pulse 110; temp., 100; resp., not counted.

5th hour, 9.30. Pulse, 116; temp., 100 3-5; resp., 32.

8th hour, 12.30. Pulse, 112; temp., 100; resp., 32.

10th hour, July 22d, 2.30 A. M. Pulse 112; temp., 99; resp., 32; comfortable; mind clear; took stimulants, brandy and water 2 teaspoonfuls.

15th hour, 6. Temp., 96; pulse, 104; resp., 30; comfortable; mind clear; took stimulants.

16th hour, 7. Pulse 120; temp., 100 4-5; resp., 30.

[It is hardly necessary to continue the presentation of these observations, which were made until the morning of the third day, there having been up to this time but little variation from hour to hour. The following change now occurred :—]

July 23d, 6 A. M. Pulse, 112; face flushed; foetid discharge from wound.

8 “ Pulse 120, after changing bed.

9 1-2 “ Pulse 108.

11 1-2 “ Pulse 118.

1 P. M. Pulse 118.

4 “ Pulse 116.

9 “ Pulse 116.

July 24th, 4 A. M. Pulse 120.

6 “ Pulse 126.

8 “ Pulse 126.

12 M. Pulse 126, difficult to count.

From this time the patient became drowsy; pulse very rapid; aroused with some difficulty. As I was completely worn out from constant watching during two nights and three days, Dr. McDonough kindly relieved me, in whose watch the patient gradually sank, and died at six P. M.

In review of this case I would remark that nothing was given by the mouth until an hour after the patient

had recovered her senses, when brandy and water, at the rate of one teaspoonful to six of water, was administered every fifteen minutes. Later, beef tea was substituted, being given once in thirty minutes with milk and flour porridge, boiled a long time and strained, with the addition of one-third lime-water.

From the commencement to the termination of the case, there was not present the least symptom of nausea, and but once or twice hiccough. The patient from choice voided her urine voluntarily. She did not complain of pain, or even tenderness. There was no meteorism, and not until the second day was there the least discharge from the wound. The patient insisted upon talking and laughing, and was not unfrequently quite rebellious against her attendants. In addition to this absence of so many of the symptoms most unwelcome in the course of any capital operation, and especially abdominal sections, there was also an absence of that peculiar congested condition of the face and conjunctivæ, an expression of the countenance which one will never forget who has seen it well marked. I have never myself failed of observing it in those cases where *ether* had been administered in large quantities, and continued for a long time.

The case now reported is probably the first one in which the removal of the puerperal uterus has ever been performed; and it is undoubtedly the most heroic of the bold procedures as yet resorted to by Dr. Storer in extreme gynæcological emergencies. Nothing else could have been done; the patient begged for the chance of life, however small, and it was a matter of surprise to all concerned, in view of the terrific character of the operation, that she should have survived it at all, and still more so for so long a time. It is a question worthy of consideration, in connection with the extraordinary tol-



erance of primary shock here exhibited, whether the menstrual period, and the parturient one, which normally corresponds to it, may not, after all, be a less dangerous time for operating than it is supposed to be by surgeons. Dr. Storer has recorded a case of ovariectomy, performed in the presence of Mr. Spencer Wells, where he purposely operated during menstruation, and the patient recovered admirably; it being probably the first case in which the section was intentionally, if ever, performed during the presence of the catamenia.

In immediate connection with the case now reported I have thought it well to present some foreign ones, much less severe, of pregnancy complicated with fibrous tumor. They will be found in the following paper. At a future time I propose to offer in greater detail my own views upon this very important subject.

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#### ON THE RELATIONS OF FIBROUS UTERINE TUMORS TO THE PUERPERAL STATE.

BY DR. HORWITZ, OF ST. PETERSBURG.

[*Translated and read before the Society, June 14, 1869.*]

BY GEORGE H. BIXBY.

THE following cases, reported by Dr. Horwitz, and the conclusions that he draws from them, will be found very instructive.\*

CASE I. — A young woman was admitted into the Institution for Midwives on Oct. 27th, 1868. She had been twice pregnant, and had enjoyed good health since her last confinement. On the second day she complained

\* St. Petersburg Med. Zeitschrift, vol. xiv., No. 5, p. 294. Schmidt's Jahrbücher der In-und Ausländischen Gesampften Medicin, March, 1869.

of heat and pain in the lower extremities. On the third evening, after having taken quinine, she experienced a chill, with pain, especially in the lower extremities. Nov. 4th, the skin was hot and dry, with pulse slow and small, the pain about the same; the face shrivelled; the mind still clear. There was crepitation in the upper lobes of both lungs, with marked dulness behind. Abdomen was not sensitive upon pressure. The fundus uteri was in the median line, four inches above the symphysis pubis; cylindrical in shape, admitting the point of a finger; the internal sphincter closed. The hemorrhage was unimportant. There was no fœtor. From the vagina the uterus appeared perfectly normal. The left axilla was considerably swollen and slightly discolored; motion of the arm occasioned pain. In the course of the next day there was less pain in the lower extremities, but the sleep was very much disturbed; the skin of the axilla very dark and œdematous. In the evening the patient had quite a sharp attack of tenesmus. The skin was cold and clammy; the articulation became difficult; and on Nov. 7th death occurred.

An autopsy revealed the following: Brain and meninges congested; lungs œdematous; bronchitis in the middle lobe of left lung; the peritoneum was injected at different points without exudation; liver and spleen very much hypertrophied; kidneys large and anæmic, their cortical substance in a state of fatty degeneration. The uterus was covered with normal peritoneum, and measured from the fundus to the os externum two and five-sixths inches in length. At the fundus there was found a tumor resembling a pear in length and shape, two and five-sixths inches in length by one and five-sixths in diameter, surrounded on its left external surface by a dense membrane, the border of which had a very uneven appearance; its remaining surface

was quite bare and dark-colored, approaching gangrene. On the right and superiorly the insertion of the placenta was easily recognized, which on its left border superficially was in the condition of grayish jelly.

A section of the tumor exhibited the uterine sinuses dilated, and filled with a yellow ichorous matter. In other respects the interior of the uterus, as well as the ovaries and Fallopian tubes, were perfectly healthy. The changes above mentioned seemed to have commenced in the anterior layer of the fibrous structure. A deep incision established the fact that the tumor extended through the entire uterine tissue, and finally lost itself in its substance. Microscopic examination confirmed this opinion. There were scattered through the deeper parts of the healthy tissue numerous small gray granules; the microscope proved these to be fibrous in their structure. In the middle layer there were found muscular fibres intermingled with blood-vessels of different sizes. This form of tumor is called by Virchow "the hard fleshy polypus." In this case the cause of death by septicæmia was very much increased by the extensive disease of the uterus as well as the tumor.

CASE II. — A strong, healthy woman, a primipara, was admitted into the Institution for Midwives April 14th, 1868, and the same day gave birth to a fine boy. For two days the patient felt quite well. On the 16th instant the uterus was tender upon pressure, and there was slight meteorismus. The lochia were profuse, bloody, and fetid. There was but little fever until after a severe chill, when this increased materially, the pulse rising to one hundred and twenty. The patient now became very much excited, and complained of headache and pain over the fundus uteri. In the evening vomiting ensued, and, later, delirium and coma. On the 18th, the lochia increased, and became excessively fetid. The face was very



pale; the tenderness of the abdomen somewhat less. The temperature fell several degrees after the administration of wine and ether. The two days following, her symptoms were passable. On the 20th, the patient experienced a severe chill, which lasted a half hour, and was followed by great restlessness, photophobia, and headache. The abdomen became again sensitive; the uterus nearly on a line with the umbilicus; the lochia fetid; liver sensitive upon pressure; pulse one hundred and fourteen. From this time until the 27th the patient had one or more chills daily, with a continuance of rapid pulse. The liver continued to increase in size till its margin passed two and one-half inches below the diaphragm. The uterus diminished gradually in volume. On the 25th there was a little hemorrhage from the genitals. The strength began to fail; less and less urine was secreted, until it ceased entirely, and on the 27th the patient died.

An autopsy showed the brain anæmic. There were scattered through both lungs, especially under the pleuræ, little suppurating points, surrounded by hepatised tissue, and filled with a yellowish colored secretion, some of them the size of an almond. The left pleura was covered with a suppurating membrane. The liver was enormously hypertrophied, measuring ten and two-thirds inches in its sagittal, and six inches in its vertical, diameter; its parenchyma was very friable, and of a light-yellow color. The gall bladder contained fine grains of inspissated dark-green bile. The spleen was proportionally smaller than the liver, its surface quite smooth, and its substance dark-yellow and very friable, with small gray points scattered through the Malpighian bodies. The kidneys were larger than usual; their cortical substance dark-colored, swollen, and very anæmic. The same condition was present in the pyramids. The

membrane lining the pelvis gave evidence of catarrh. The urinary bladder contained clear urine. The stomach, intestines, and peritoneum were perfectly healthy. The uterus was four inches long by two and one-half broad, a little above the normal dimensions. The veins of the uterus were filled by yellow masses of suppurating thrombus. The walls of the cavity were covered with a diptheritic membrane in a state of suppuration. In the anterior wall of the uterus, near the opening of the left tube, there was found a tumor the size of a nut. This contained a cavity filled with pus, lying very near the surface. Its exterior was rough, ragged and dark-colored, especially on that side where its covering had been destroyed. The microscope placed the fibrous nature of the tumor beyond a doubt. Owing to the degree of suppuration, no muscular fibres could be found; the cause of the ichoræmia lying, no doubt, in the diptheritic condition of the uterus on the one side, and the suppurating tumor on the other. The hemorrhage from the genitals was unimportant, and could hardly be attributed to the tumor. On the other hand, the rapidity of the uterine contraction is of great interest, since, four days after birth, examination of the uterine cavity was impossible. In this case we must attribute the disturbance to the presence of the tumor, rather than to any puerperal influence upon the part of the uterus, for, as a rule, there is so little organic reaction in the puerperal state that even six or seven days after birth the finger can be passed into its cavity as far as the fundus.

CASE III. — Mrs. C., a primipara, somewhat of a cripple, with a strong constitution, was admitted to the Institution for Midwives February 17th, 1868. On the 14th instant she experienced the first pain. For two days she had not felt the motion of the child, and there was no foetal pulsation to be heard. The antero-poste-

rior diameter was estimated to be three inches; the os sufficiently dilated to admit the point of a finger. Further dilatation was effected by very severe pains, between which there were two light eclamptic attacks. The waters gradually passed off, and, finally, on Feb. 19th, the os being entirely dilated and the head firmly fixed, craniotomy was performed, and the child extracted in an advanced state of decomposition. Labor lasted one hundred and seven hours. On the 20th, the patient experienced a chill; was very restless, and complained of pain in the back, and tenderness over the fundus uteri. The lochia were fetid. Ostium vaginae superficially gangrenous, this condition extending to the cervix, where it appeared deeper seated. There was also diarrhœa present. After the fever had lasted several days, with the pulse at one hundred and eight, the uterus contracted somewhat, and the gangrenous appearance of the vagina diminished materially. The diarrhœa still continued. On the 24th, the patient experienced severe pain in the right shoulder, followed shortly after by swelling. A few days later the left knee became swollen and painful, and the uterus tender upon pressure. The lochia were still very fetid. There was ronchus in the upper lobe of the lungs, and dulness upon percussion. The skin was very yellow; liver tender upon pressure; the diarrhœa no better; submaxillary glands swollen and erysipelatous. Upon the 17th of March, after a protracted chill, the patient died.

The autopsy revealed a high degree of general icterus. The right parotid had suppurated, and there was a collection of pus in the right shoulder-joint, implicating the cartilage. The sulcus of the biceps was infiltrated with a thick lympho-purulent matter. The lungs were not adherent, but were œdematous superiorly and posteriorly. The smaller bronchi showed signs of catarrh. The



liver and spleen were but slightly enlarged; their parenchyma soft and anæmic. The kidneys were enlarged; the cortical substance swollen, soft, and interspersed with emboli of different sizes. The posterior wall of the urinary bladder was covered with a yellowish diptheritic exudation not yet broken down. In the posterior wall of the vagina there was found a deep, round ulcer. There was an extensive rupture of the perineum. The cervix uteri was lacerated, dark-colored, soft, and œdematous. The uterus measured four and a half inches in length. The vessels of the outer layer were filled with thrombus, puriform in its nature, with here and there an appearance of pus. The veins at the placental insertion were dilated and filled with putrid matter. The inter-muscular vessels were contracted. The surface of the uterine cavity was covered with a gray serous liquid, without a trace of diptheritic membrane. At the lower edge of the placental insertion there were found two ulcerated points, which upon examination were found to indicate fibrous tumors imbedded in the substance of the uterus. One was as large as a hazel-nut, the second was as large as a walnut, situated below the other, and hanging more free in the uterine cavity. Upon its surface it exhibited perforated points dilated and filled with pus. The suppuration, although extensive, had not been sufficient to destroy it. The ovaries and Fallopian tubes were perfectly healthy. It was concluded that the suppuration of the tumor was the primary cause which had led to purulent absorption. This view was substantiated by the fact that suppuration existed without any other complication.

CASE IV. — Mrs. A. P. was in her seventh pregnancy, the mother of five children, all naturally born, and of good constitution. She supposed herself six months pregnant. The first pain came on on March 2d, 1868,

and on the morning of the 5th she gave birth to an atrophied child, which lived an hour and a half. The placenta weighed eight and a half ounces, membranes, cord, etc., being perfectly normal. The fundus uteri was situated in the median line, five inches above the pubis. Her general condition was good. Shortly after this, the patient was seized with severe pain, accompanied with heat of skin and thirst. The condition of the uterus remained the same. The os was slightly opened, and filled with a hard, round body. Between this and the posterior uterine wall, the finger could be introduced to some distance, not so far on its anterior portion. This body was diagnosticated as a fibrous tumor. The administration of ergotine, to excite uterine contractions, proved successful, and an effort to remove the tumor was daily attempted. During these essays there was a profuse discharge from the vagina, which materially diminished the size of the tumor. Shortly after, the os was completely dilated, when the operation was continued with greater facility. In the course of the suppuration, the patient experienced chills, followed by fever and severe headache, rumbling in the ears, and vomiting.

In spite of the development of these untoward symptoms, the operation for the removal of the tumor was undertaken. The fundus uteri being supported by an assistant, the tumor was seized and drawn down with Museaux' forceps, and although the instrument tore out several times, the ecraseur was finally applied, and the pedicle which arose from the anterior wall of the uterus completely divided. The operation lasted twenty minutes, and was performed without chloroform. The patient was much better after the operation, but still weak, the diarrhœa continuing. The uterus contracted, so that the os was only large enough to

admit the point of a finger. The anterior lip was somewhat hypertrophied. The discharge was unimportant, a little bloody but less fetid; the general condition very much improved. Upon the 20th, the patient was discharged quite well. Upon her departure the uterus was found sharply anteflexed, which, however, was easily overcome.

The tumor was round, of a dark-red color, and measured one and three-fourths inches in length, and five and a half inches in circumference. Its surface was very uneven, especially at its lower border, where the tissue was much darker and softer than at other parts. The pedicle was fibrous in structure, with the characteristic white, glistening, tendon-like tissue. The body of the tumor exhibited the same appearances. It is interesting to note in this case that the interruption of pregnancy was owing to the unequal relative development of the uterus and the tumor, that of the latter being far in advance of the former. The complete disappearance of all puerperal disturbances would show, also, that the trouble was caused by the extensive suppurating surface of the tumor.

From the above cases, the following conclusions are to be drawn.

First, that under certain circumstances, conception is possible with the existence of a tumor; namely, when mucous polypi are not large enough to occlude the os, when the pedicle is attached to the lip of the cervix, and when the size of the tumor does not interfere with the ingress of the spermatozoa. The growth of the tumor is not influenced by uterine development during pregnancy, nor does it afford symptoms which might lead the patient to suspect its presence. A case reported by Dr. Priestley of London, is an exception to this rule.



Mucous polypi interfere materially with pregnancy ; in the majority of cases patients never reaching term. Dr. West, no doubt from the excessive bleeding caused by the presence of these polypi, considers them as a most frequent cause of abortion. Being accessible, the diagnosis is generally quite plain, and an operation possible without danger to pregnancy. As pregnancy approaches term, the polypus increases in size, but on account of its soft and flabby condition offers no hindrance to parturition. If necessary, it can be removed just before birth. Not unfrequently before birth we may have its strangulation and subsequent spontaneous discharge. With the exception of hemorrhage, mucous polypi exert but little influence upon parturition. On the other hand, the fibrous polypus sometimes occasions the most serious disturbances both during pregnancy and at parturition. It is very fortunate that from very large tumors only can this be the case. In its early stage of development the fibrous polypus is round, and as it progresses assumes a long appearance. From whatever point it may originate, it tends always to reach, if not to pass, the os uteri. In that form which springs from the fundus, after reaching a certain size, its mucous membrane, now quite unprotected, undergoes certain changes, such as chronic catarrh, which sooner or later involves the entire uterine and vaginal mucous surfaces. The uterus now being much enfeebled by the loss of blood, in exceptional cases only can conception take place.

This, is true, also, of very large fibroids, for if conception occurs at all, it must be at the time of the very earliest development of the tumor. If conception takes place in such a case, the tumor increases gradually but persistently; the rapidity of its growth being augmented by the presence of pregnancy. If the

tumor increases at the same rate as the uterus, then pregnancy can reach a favorable termination; but should the rapidity of its growth exceed that of the uterus, and thus materially interfere with its development, abortion or premature labor will be the inevitable result. As a rule, at the commencement of labor, a fibrous polypus affords no symptom, thus rendering the diagnosis quite impossible. In the author's case, the patient enjoyed the best of health, without the least suspicion of the existence of so formidable a trouble. In those cases when the polypus originates from the cervical canal, or from the lip, fatal hemorrhage may ensue in the course of pregnancy.\* Generally, the hemorrhage peculiar to fibrous polypi is absent during pregnancy. The blood, in flowing between the membranes and the uterine walls, there collects, and finally by rupturing the membranes induces labor. This does not often occur, and pregnancy may in certain cases terminate favorably in spite of a large tumor. The absence of hemorrhage during pregnancy may be explained by the fact of a want of the conditions of a fibroid during that state. In the latter case the bleeding is caused by the pressure from the new formation, and also from the subsequent hyperæmia.

Finally, the polypus itself will become inflamed from the pressure upon it by the uterine walls. These conditions are not found during pregnancy, in which state the development of the uterus is gradual. According to the author's experience, fibrous polypi generally exert but little influence upon the course of pregnancy. The supposition would be to the contrary, namely: that from their size they would act as a mechanical hindrance, rather than as a cause of any anomaly

\* Gooch, Madame Boivin.

in uterine pains. In parturition, on the other hand, they play a most important part.

A polypus situated at the fundus signifies its presence by no marked symptom. After delivery the involution of the uterus proceeds with perfect regularity, and the patient complains of nothing unusual. Uterine contractions exert no influence upon small polypi within the cavity, unless from irritation of their walls by a foreign body, or from after pains. In all cases of spontaneous expulsion, at other times than in childbirth, reported by the older or later writers, this result has been effected by pressure upon the abdomen, such, for example, as from violent and long-continued vomiting; or by gangrene of the pedicle, that form of polypus which passes through the os being liable to become strangulated. In childbed, on the contrary, the enfeebled and flabby condition of the uterus cannot exert much pressure upon the pedicle, which under these circumstances may assume a large size. In childbed, the round polypus is attached by a much stouter pedicle than the long form, measuring often one and one-half inches in diameter, and requiring days to sever with the ligature. It is true we may have gangrene during parturition, but the chances are that death would precede such a result.

Since it is generally admitted, that downward traction by a polypus, upon the mucous surface of the uterus, favors inversion at other times than in childbed, how much greater, then, must be the danger during that state, when the uterus is large, with its walls thin and flabby.

In one of the author's cases, this condition was threatened, but it did not occur. From published accounts upon the subject, it does not appear that *inversio uteri* stands in any proportion to childbed. Scanzoni shows, that in



twenty-two cases of well-established inversion, he had to do, not with fibrous polypi, but with tumors imbedded in the substance of the uterus.\* He explains the fact as follows: The part of the uterus where the tumor is situated, and the parts surrounding, become atrophied, and later undergo fatty degeneration. If there is contraction of the uterus under such circumstances, then the tumor which impinges upon the uterine cavity inverts that portion of the uterine wall which has lost its contractility, and finally produces a complete inversion of the organ. In the case of a polypus this is impossible, for here the uterine walls do not atrophy, but on the contrary increase in size almost like that of the pregnant state. Inversion of the uterus can only be possible when the uterine wall attached to the polypus, has, in consequence of some pathological change in its structure, been deprived of its contractility. It must be conceded, a priori, that the closer the analogy between the structure of the polypus and the uterus, the nearer must be the relations of their physiological and pathological changes.

It has been already shown by numerous authorities that the growth of the polypus progresses in the same ratio as the uterus. On the other hand, we see less frequently reports of cases where the tumor has gradually diminished in size during pregnancy. Klob says of uterine fibroma, that there is a possibility of its being absorbed during childbirth.† In the author's fatal cases, the microscope placed beyond a doubt the occurrence of this condition of things. In the last case, however, the diminution of the tumor was perceptible from day to day, lessening in size one half from the time of its dis-

\* Beitrage, 1868, v.

† Wien Med. Zeitschrift.

covery till its removal. Oldham saw a case in which the entire growth was destroyed by involution. The complete involution of a fibrous polypus in childbed has been fully authenticated. Although there may be nothing apparently unfavorable in its progress, yet the decision in regard to operative interference should be made with great care. One of the most important, and, according to the author's experience, the most frequent of results is the different pathological processes which develop in the polypus itself. When this is complicated by childbed we have additional grounds for an unfavorable issue. It is easy to understand how the proximity of the uterus to the tumor should favor the transmission of the disease, from one to the other.

The rounder the polypus the shorter and more vascular its pedicle. This condition more often exists when there is a tendency to inflammation. If the inflammation be fully established, it becomes the more important from the fact that it occupies the extensive surface of the uterine cavity and the external surface of the tumor. The more vascular the part affected, the more unfavorable the prognosis. After a certain time suppuration is established with all its consequences, the most important of them being the more or less complete destruction of the investing membrane. The tissue thus broken down will be carried away by the lochia, or absorbed by the uterine sinuses, causing septicæmia. Should there be abscesses formed, these eventually burst, and their contents are absorbed.

These two consequences comprise the fatal issues of childbed complicated by fibrous polypus, the occurrence of which is the more probable according to the vascularity of the tumor, and its height of situation in the uterus. The degree of absorption will stand in proportion to the extent of the diseased surface. The

size of the tumor is of minor importance, since septicæmia has been observed as frequently in small as in the larger forms of polypus. When childbed is complicated both by fibrous polypus and an interstitial tumor, the softening proceeds with greater rapidity. The danger from pressure, so frequently the cause of softening in the smallest polypus, is not present in the case of an interstitial fibroma, on account of the spacious condition of the uterus. If in these cases there be noticed the least sign of septicæmia, all expectant means should be abandoned, and the most energetic treatment pursued.

Upon the same grounds, operations in childbed are not more dangerous than at other times; in other words, the puerperal process is no counter-indication to energetic operative interference. To wait for involution would be to run the risk of purulent absorption, which would very likely occur before this point was reached. There are two considerations which would justify a delay in operating: first, when the pedicle cannot be easily reached, owing to its enormous size, in which case it would be necessary to await partial involution; and, second, when the tumor is so firmly adherent as to require instrumental or digital interference. If the operation is deferred for the latter reason, uterine contraction would only increase the difficulty. The author prefers the knife to all other means of operating, — an opinion based upon the experience of English surgeons. In those cases where the os is firmly closed, it is with the greatest difficulty that the ecraseur can be applied, or the pedicle cut asunder either by finger or with scissors.

Two days' trial with ergotine, in order to bring the polypus near the os, not only failed, but rendered it still more difficult to reach. The author would advise the use of ergotine only in cases of severe hemorrhage.



## EDITORIAL NOTES.

BY ITS CONSTITUTION, the members of the Gynæcological Society are bound by the code of ethics of the American Medical Association. Inasmuch, however, as a law becomes and remains such only by the consent of the governed, there will probably appear from time to time in this journal occasional communications upon the code, approbatory or remonstrative, as may seem necessary.

In the exercise of a similar privilege, we shall not hesitate to examine, when we think fit, into the justice or injustice of the rules of State and District Societies that may appear to require such scrutiny, infinitely more likely as these are than the enactments of the National Association, to have been drawn for personal or otherwise iniquitous ends.

We would call attention, at the present moment, to a case in point.

The Massachusetts Medical Society is a time-honored and very respectable institution. It was established in the last century, partly for the purpose of perpetuating the prerogatives and dignities of the profession, partly for elevating the standard of medical and surgical attainment, and partly for furnishing a handy means to those who, in our own as in every profession, might aspire to greater local power. It has in the main very well accomplished these several purposes, and it might seem inappropriate for us to subject it to criticism. The Society, however, has long been a body duly accredited by its delegates to the American Medical Association. It is therefore bound by the code, and, like an individual, it is liable to be summoned to the bar of public opinion, when guilty of breaches of discipline.

The National Association is, and has always been, very punctilious in requiring a due deference to be paid by

physicians to all the rights and privileges of their brethren. In the republic of medical science, all, provided they are good men and true, are held to be equal, and the diploma of a college or medical school in regular standing, more especially if backed by the evidence of an extended, well-known, and well-authenticated reputation as a practitioner, is everywhere held to be an unassailable guaranty, which to try to shake or break down were ungentlemanly, unprofessional, and disgraceful.

Again: In most nations and in most States of our own, a stranger is proverbially a welcome guest. So far as can be done, without the most trifling distress to one's self or family, the new comer is made to feel that he is among friends, the right hand of fellowship is cordially extended to him during his sojourn, and if he decides to make this a prolonged or a permanent one he is constrained to feel, all things being equal, and more particularly if his testimonials and vouchers and letters of introduction are of a reliable character, that he is in reality to be at home. Such is certainly the case in the West and South,—and even during the war, when the din of political strife had deadened the ear of both parties to every other sound of friendship, it was only necessary to whisper the professional master's word "physician" to find that this had not been forgotten, and that for it everything else would be.

With us in the East, however, things are different. We speak at least for Massachusetts, and more especially for Boston, and we have been quietly looking on for many years and know whereof we are speaking.

Medical strangers come here occasionally from abroad, or from other sections of the country. They are welcomed, of course, after a fashion,—the shorter their stay is known to be about to be, the more and the more hearty the civilities that are offered. In com-



parison with the cordial reception given them elsewhere, the greeting is as that of our Northern ice, and if by any chance the stranger's reputation is such that he is consulted by any one professionally, even in regular meeting with a resident physician, he is treated with marked indifference or neglect. Witness the experience of a distinguished Canadian physician, affiliated with our own Society, and well known throughout the country for his gynæcological attainments. General practitioners of Boston had long been in the habit of sending their wealthy patients to St. Catharine's, nominally for the waters, but in reality preferring that the credit of the cure they could not effect themselves should be made by a stranger rather than by their own townsmen. The Canadian expert did very often effect the result desired, and he has more than once stated to us his surprise at the ignorance that should have sent what were sometimes very trivial cases so far for treatment. After a while the gentleman was occasionally sent for to visit Boston, and then the whole pack, Tray, Blanche, and Sweetheart, that before had fawned for his letters of approval, were yelping at his heels.

If, instead of an occasional visit, it is a permanent stay that is proposed, the case is still worse. We need do no more than instance the most distinguished teacher of physiology now living, also affiliated with the Gynæcological Society, whose name, used as a blind, and against his expressed desire, stood for one year upon the public announcement of Harvard University, after he had positively refused to deliver another course of lectures; not the first or the only instance in which that institution has descended to the practice of the veriest empiric, deserving the ban of the National Association. The gentleman referred to, now gone hence to a far loftier post, made no secret of the coldness with



which he was treated, even by his college associates here in Boston.

We have said that the profession in Massachusetts, and especially in Boston, are wanting in courtesy to their medical brethren elsewhere reared. The case stands thus: —

The Massachusetts Medical Society practically considers no physician, resident of the State, and pursuing his profession, as in good standing unless he shall have joined the Society. To do this, or to make application for it, is supposed to be a voluntary act upon his part; it is practically a compulsory one, for otherwise he is considered to be upon the wrong side of the barrier that separates the professional sheep from the goats. When a consultation is proposed with a stranger, the first question always asked is, "Is the gentleman a member of the Massachusetts Medical Society?" And if he is not, the rule is that the consultation shall be declined.

How does membership become possible?

By the first by-law of the State Society, as revised in 1859, it is requisite that the applicant "shall have passed a satisfactory examination before a Board of Censors, as to his credentials and personal and medical qualifications and character, and shall have signed the by-laws. But any person having been graduated as Doctor of Medicine at Harvard University, or the Berkshire Medical Institution, shall, if otherwise qualified, be admitted without further examination as to his medical attainments."

It is not necessary that applicants shall have graduated at any medical college, and taken their degree as doctor in medicine, for the by-law goes on as follows:

"Also any person may be admitted a Fellow, if he possess the following qualifications, namely: " — a sound mind, good moral character, majority in age; knowl-

edge of Latin, geometry, and natural philosophy. He shall have studied medicine three years, attended two courses of lectures, somebody's practice, and have passed examination by "a Board of Censors, or some competent examining body approved by them." \*

Now, to call this by-law an unjust one, reported as it was by no less an authority than Dr. Jacob Bigelow, Emeritus Professor in the University, will be thought, doubtless, highly improper here in Boston. But outside of Boston, and throughout the country, the discrimination that it has established will be called, as we have ourselves publicly stigmatized it, unrighteous and damnable.

But, after all, it may be said, is not the discrimination only one of name, and is there, after all, any practical harm done? Let us see.

The objections we make are,

1. That applicants may be compelled, indeed at times are compelled, to submit themselves to an examination that, under all the circumstances, is unnecessary, discourteous, and insulting, — a failure to pass which, however competent the applicant may in reality be, attaches to him a stigma which no subsequent amends can ever wholly efface.

2. That the Society arrogates to itself, through its censors, the right to admit as Fellows, those who are non-graduates, thus usurping a function properly belonging to the colleges; destroying the value supposed to attach to the medical degree, and insulting graduates by placing their inferiors upon a level with them.

3. That in the interests of Harvard College, — for

\* This section was unwarrantably omitted in the revised edition of the By-laws, published in 1860. It is still in full force, as reported by Dr. Bigelow, and adopted by the Councillors and the Society conjointly, as may be seen upon consulting pages 128 and 148 of the Medical Communications of the Society for 1860.

the Berkshire School insisted upon a similar right, only that it might curtail that of its rival,—the Society makes an unequal demand of the stranger, to whom, by all laws of courtesy, a welcome, or at least fair and honorable treatment, should be extended; and,

4. By necessitating, as is the case to a marked degree here in Boston, the classing in print in the public directory the names of all regular physicians who are not members of the Society, with those of the common herd of quacks and charlatans, an injury, pecuniary and otherwise, is inflicted upon innocent persons, in comparison with which the future existence of the Society in its present form, as a great, though unwitting, agent for the perpetuation of a selfish monopoly, is worthless.

This is strong language. Are there facts for its substantiation? Would that there were not!

With reference to the first charge,—that an unnecessary and improper examination is at times insisted upon as to an applicant's knowledge of his profession.

At the annual meeting of the Massachusetts Medical Society of the present year, we had occasion to call attention to the unjust discrimination made between resident and foreign applicants for admission into the Society, and urged its removal. On that very day, June 2d, 1869, and indeed at that very moment, two gentlemen from St. Louis, Drs. Warner and Bixby, both of them among the founders of the Gynæcological Society, and the latter of them the junior editor of this journal, were before the Board of Censors, on their application for admission to the State Society, without which admission they had been given to understand they would be looked upon and treated as irregular practitioners.

Upon asking one of the censors as to the character of the examination to be required of them, they were



told that it was "to be precisely the same as though they were students up for the medical degree." \*

Under these circumstances, angered and humiliated as any gentleman would have been at such a requisition, for one of them had been working in his profession for twenty-six years since his graduation, and the other for twelve years, they underwent the examination. Dr. Warner kept cool and passed. Dr. Bixby, in his excitement, became confused, as any other person might have done, and did himself apparent discredit. There were present but four of the five censors appointed by the Suffolk District Society; there were two votes for admission (Drs. Damon and Sinclair) and two for rejection (Drs. Lyman and Jeffries).† Had the absent member, that fair-minded gentleman, Dr. Calvin G. Page, then lying cold in his grave, been present, the required majority for admission would undoubtedly have existed. As it was, the scale turned, but not towards justice, and an act was consummated, the effect of which for damage to the professional honor of Boston cannot be overestimated. Better that the whole Society suffer for the scandalous work of its agents than the fair fame of one man, deprived of the privileges that, by having complied with the actual regulations of the Society, are his by right.

We mention but this single instance, and we do not hesitate to put it upon record. The desire has been expressed to us by more than one of the censors, now that they find that they have, for once at least, selected the

\* We are informed that this fact is now denied by the censor, but it was asserted to us by both Drs. Warner and Bixby, immediately after the examination, and without their having had an opportunity of comparing notes; there can therefore be no doubt of its truth.

† These gentlemen cannot complain that we have so distinctly presented the character of their vote. The information came from head-quarters, and the Fellows of the Society have a right to know the exact nature of the doings of their servants. The censors themselves took very good care to make it known, before a night had passed, that they had decided against the admission of the gentleman from St. Louis.

wrong man for ostracism, that our associate should again present himself before them, with the intimation that, having regained his self-possession, he would doubtless be admitted to fellowship with the Society. This second humiliation, however, he decidedly, and, as we think, very properly, declines. Having complied with the requirements of the Society, having furnished abundant evidence "as to his credentials and personal and medical qualifications and character," — for his has been no ordinary record, — he had a right to admission, and it was an insult to the college of his graduation (Dartmouth); to his preceptors, one of whom (Dr. Peaslee, of New York) was present, as an invited guest, at the annual meeting of the Society, while this vile work was proceeding in an adjoining room; to the Harvard School even, which had a part in his medical education; to the medical service of the Navy, in which during the whole war he did such honorable work; to the profession in St. Louis, with whom he had practised and which held him in such esteem; to the Medical Society of that city, of which he was an honored member; and to the host of eminent physicians on both sides the water who value his skill from personal knowledge of it. This is no fulsome overstatement of facts; they will probably all be made patent enough at the next annual meeting of the Society, and at that of the American Medical Association, — a body which, if it cannot redress a wrong, can at least rebuke one, and hold its agents up to general execration.

The defence cannot be set up that the questions asked by the censors were such as any good practitioner should have been able to answer. Insulted as he had been, our friend's state of mind incapacitated him from describing even those operations which he had himself repeatedly performed.

The excuse, moreover, cannot be made that our colleague's actual standing in the profession was unknown to the censors; unfortunately for them, the prospectus of this journal, with the gentleman's name upon it, had been a topic of general conversation for some time, and it was that day in the hands of every one who attended the meeting of the Society. It is not improbable that this fact had to do with what has been called the cowardly act of vengeance for the establishment of a new and more independent medical journal that was then committed, for one of the censors has already stated that they fear lest their course may be interpreted as persecution.

As to the second of the charges that we have made,—the admission by the Society to full fellowship, of persons upon whom the medical degree has never been conferred.

A license is here exerted which tends to degrade the regularly graduated practitioner. We are supposing no mere possibility, for we personally know of at least two instances in which the abuse referred to occurred; in one of them the gentleman admitted snapping his fingers in the face of the Harvard Faculty, with whom at that time he had variance.

In the third place, there is no reason, save to keep all the lucrative medical posts in the State, public or private, for its own graduates, that any invidious exemption should be made in favor of Harvard College. Every true man should stand, as we have said, upon a common level. An alumnus of Harvard ourselves, and working as we conceive for her real good, in so far as that coincides with the common weal, we are not sufficiently provincial to shut our eyes to the existence of other places than Boston; or even than Massachusetts.



The exemption referred to will meet, now that attention has been called to its existence, with universal condemnation. In our argument before the Massachusetts Medical Society, at its annual meeting in June last, we offered an amendment to the first by-law of the Society, substituting for the abortion of 1859 the original draft,\* so that it shall read, "Any one who has been graduated as Doctor of Medicine at any university, college, or medical school, at which the course of study is fully equal to that prescribed by this Society, shall be admitted a Fellow, on furnishing satisfactory evidence," etc. In spite of the unworthy means taken in behalf of the college to prevent action in the premises, the proposed amendment went, by the rules, to the Councillors' meeting, which is to be held in Boston on the sixth of the present month (October). The question will then have to be fairly met and acted upon. If decided in accordance with right and justice, the councillors will have behaved like honorable men. If, on the other hand, the restrictive tariff be upheld, the way will have been left open for more bitter and decisive agitation, which may yet culminate in the overthrow of some of our eastern idols.

And, finally, such misinterpretation, wilful or otherwise, of their instructions by the censors as shall lead them to reject candidates fully equal in ability to the ma-

\* The first By-law, as amended in 1859 and adopted by the Councillors and the Society, does not contain any specification of the qualifications necessary to be possessed by applicants. For proof of this statement, see pages 128 and 148 of the Medical Communications of the Society for 1860. The reading of the By-law in the Revision of 1860, is an unjustifiable interpolation, coolly made by the Secretaries from their own desire or imagination. The qualifications there specified are those to be exacted from non-graduates. In our own proposed amendment we do not meddle with that portion of the By-law, reserving its discussion for a future meeting of the Society. We are surprised, however, to find that the Recording Secretary has neglected to enter upon the records, and to preserve, the first of the amendments offered by us at the annual meeting, namely, that for the inconsistent and barren amendment adopted in 1859, the original draft be substituted. Without this preamble, of course its second clause, — that entered upon the records and printed on page 110 of the Medical Communications for 1869, — becomes pointless jargon.

majority of the Fellows of the Society, should receive a stern rebuke. It is not at all likely that the Suffolk Board of Censors, or any one of them, can undergo, without confusion, an examination such as we have reason to believe, from the statement of two of their own number, was imposed by them in June last. Rejection by them is tantamount to a brand of ignorance, and were not the facts of the case to which we have called attention well understood by the best men here, many of whom have already personally expressed their sympathy, to be rejected might prove, as it was very likely intended to be, one's professional death. As it is, however, a lever has been placed in our hands without our own seeking, by which, unless we very much overestimate its power, the whole fabric of the Society will be moved from its present to another centre. Do the Fellows of the country districts intend to be driven, like so many swine, by a few practically self-appointed city custodians? Do the colleges intend that one of their own number shall practically ignore the degrees conferred by all the rest? Do the members of the profession generally intend that any State in this Union shall be closed to them by a local enactment, compared with which the most rigid of the old Puritan laws were easily borne? We shall see.

H. R. S.

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A WORD as to one of our editorial prerogatives. We wish it distinctly understood that our endorsement of any measure, or man, of any book, surgical appliance, or medicinal preparation, is not to be bought, — no matter what price may be offered. Like, we suppose, most or all of our contemporaries, we have received offerings of various kinds, with a polite request that we notice them favorably. Most of these articles have been sent through our publisher, who has lost opportunities to add to his

advertising pages by our refusal to puff, even though paid for it, this, that, or the other nostrum, or patent surgical appliance. He has, however, invariably and cheerfully submitted to what he may have thought our too sensitive regard for the dignity of the Society and its code of ethics.

We had supposed that the annoyance to which we have referred would soon cure itself. An instance has just occurred, however, of such a character that we are almost constrained to depart from our usual custom, and to give to the person soliciting it a warmer notice than he has probably desired.

We refrain from doing so merely that we may not advertise the nostrum in question, and would state that to offer any sum, however large, for our editorial approval, is the surest way of failing to obtain it. We are satisfied that a straightforward, honorable course is not only the best for our own peace of mind, but that it will secure to our publisher a far larger patronage from the best class of advertisers, who are the only ones with whom he cares to deal.

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WE DESIRE, unsolicited, to call attention to the library of our friend, the late Dr. B. F. Shumard, of St. Louis, which is now offered at private sale. It consists chiefly of works upon Natural History and Geology, in many languages. Dr. S. was so good a gynæcologist, that while we mourn his untimely decease, we cannot refrain from doing what little we can to aid his family. The address of his widow is 1302 Olive Street, St. Louis.



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### PROCEEDINGS OF THE SOCIETY.

*[Reported by Horatio R. Storer, Secretary.]*

NINTH REGULAR MEETING, APRIL 6, 1869.

THE ninth regular meeting of the Society was held at Hotel Pelham, on the evening of May 4th, 1869. In the President's absence, Dr. Dutton occupied the chair. Present, Drs. Dutton, Sharp, Bixby, and H. R. Storer; and, by invitation, Drs. A. H. Johnson, of Salem; J. C. Dorr, of Medford; Moses Parker, of Melrose; J. W. Graves, of Chelsea; and A. C. Garratt, J. A. McDonough, Carl Both, Wm. B. Mackie, G. S. and G. H. Jones, and E. B. Moore, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. Paul F. Eve, of Nashville, Tenn., J. Marion Sims, Isaac E. Taylor, and J. C. Nott, of New York city, and C. B. Coventry, of Utica, N. Y., Honorary Members; and Robert Barnes, of London, Thomas Skinner, of Liverpool, J. J. B. Vermyne, of Voorst, Holland, Wm. Marsden, of Quebec, Llewellyn Brock, of Toronto, H. G. McIntire, of Concord, N. H., Josiah Bartlett, of Concord, Mass.,

Foster Hooper, of Fall River, Alfred L. Carroll, Nathan Bozeman, Alfred C. Post, G. A. Sabine, F. J. Bumstead, and Meredith Clymer, of New York city, Albert Day, of Binghamton, N. Y., J. G. Richardson, of Philadelphia, W. C. Van Bibber, of Baltimore, P. J. Horwitz, U. S. N., J. K. Barnes, Surgeon General, U. S. A., and J. C. Habersham, of Savannah, Corresponding Members, severally acknowledging their election to the Society. He also exhibited photographs of Drs. Eve, Nott, Barnes, Day, Marsden, Skinner, Bumstead, and Bozeman, Honorary and Corresponding Members, that had been received for the Society since the last meeting, and one of Sir James Y. Simpson, of Edinburgh, very lately taken, that belongs to his own collection.

The Secretary announced the following additions to the Library: Dr. Sims' work upon Uterine Surgery, a paper upon Insertion of the Sutures for Vesico-Vaginal Fistula, by Prof. Eve, and four different monographs, upon Vesico-Vaginal Fistulæ, by Dr. Bozeman, — severally the donation of their respective authors.

Dr. H. R. Storer then read a paper upon

THE CAUSATION AND FREQUENCY OF UTERINE DISEASE IN AMERICA,\*

attributing the great prevalence of such diseases, far greater both in married and single than is generally imagined, to a variety of causes, some of them very evident, and others the importance of which has not been sufficiently appreciated. Drs. Hodge, of Philadelphia, Allen, of Lowell, and Gardner, of New York, have each carefully investigated the question, but

\* This paper was published in full in the July number of the Society's Journal.

neither of them has exhausted it. Errors of diagnosis, still very frequent, have to be taken into consideration, as well as the personal equation, so to speak, of each observer. So far from the profession being overcrowded, our densest centres of population afford the same almost unexplored field, as do the most remote States and Territories. Much of the uterine disease, so prevalent, is owing to customs unphysiological, and in every way deplorable, as the prevention of pregnancy, in whatever way, and the intentional induction of abortion. To ascertain the existence of a disease, it must be wisely sought for; to cure it, it must be differentially diagnosticated with accuracy, and treated according to the indications of each individual case. Not only must the cause of the symptoms be detected, but it is the cause of the symptoms that should be removed.

The presiding officer, Dr. Dutton, stated that he himself had no doubt, from his own somewhat extended observation, of the extreme frequency and importance of pelvic derangements in women. It would be interesting to compare the experience of the older and younger members of the profession. He would therefore call upon Dr. Graves, of Chelsea, one of the oldest practitioners of the neighborhood, for his views upon the subject.

Dr. Graves replied that he had had little practical experience in the matter; but few of his contemporaries had appreciated its importance.

Dr. McDonough alluded to the conflicting theories regarding the causation and relative frequency of certain diseases, more particularly displacements and inflammations, and inquired what was the real state of the case.

Dr. Storer replied that he had himself materially



modified his views within the past year or two. He depended very much less upon the use of pessaries than was formerly his custom, and removed them very much oftener now than he inserted them. Whether a case was one of endo- peri- or para-metritis, the indication was in every instance to make as exact a differential diagnosis as could be effected, and if possible to remove the cause.

Dr. Moore had for many years been in the habit of basing his opinion upon a local examination. He was satisfied that this was too often neglected, and that, where had, altogether too much reliance was placed upon the speculum as compared with the finger. There could be no doubt that pessaries were often not only injudiciously but unnecessarily employed.

Dr. Graves was satisfied that many so-called constitutional affections, or supposed lesions of other organs, as the brain, heart, lungs, liver, and kidneys, were in reality but the reflex result of uterine disease.

Dr. Dutton had seen cases illustrative of this fact, as regarded mental aberration. In a late conversation with Dr. McFarland, Medical Superintendent of the Illinois State Lunatic Asylum, that gentleman estimated that one-twentieth of the instances of insanity in women were of pelvic causation. Upon being asked for the reason of this opinion, he had replied that it was merely surmise, and that in the very nature of things it was impossible for superintendents to make proper examinations at asylums. This fact had long ago been pointed out to the American Medical Association, by Dr. Storer, when urging the necessity of advisory Medical Boards for Lunatic Hospitals.

Dr. Graves inquired if the presence of erotic desire in insane female patients was necessarily indicative of pelvic disease.

Dr. Storer replied that such was not always the case, though undoubtedly true as a general rule. He had shown, in a paper published two years since,\* portions of which he now read, that erotic desire, both in men and women, was often the result of a local fret; as, in the one sex, from varicocele, enlarged prostate and stricture of the urethra; in the other, from leucorrhœal discharges, and the menstrual flux; and in both sexes from ascarides, hemorrhoids, anal fissure, and vesical calculus. In similar manner, the practice of masturbation was, in many instances, the result of simply an attempt to relieve a local irritation.

Dr. Dorr asked Dr. Storer's opinion as to the use of leeches as compared with other methods of subduing uterine inflammation.

Dr. S. answered that he now but seldom employed them. He had formerly done so much oftener, but could obtain nearly as much benefit, where direct depletion from the cervix was indicated, by resorting to scarification, which was accomplished more satisfactorily by puncture than by superficial incision, and a free resort subsequently to the warm vaginal douche. In applying leeches, if the os is at all patulous, it is necessary to insert therein a temporary tent, as of cotton; and the liability to subsequent undesired hemorrhage, especially if the attachment by the leech be made to the vaginal wall, is very much greater than from scarification.

Dr. Moore referred to the importance of an early diagnosis in cases of malignant disease of the uterus. He would inquire if surgical measures were justifiable in advanced stages of this disease.

Dr. Storer replied that if the surrounding tissues were implicated, any operation was at the risk of opening ei-

\* *Western Journal of Medicine*, August, 1867.

ther the bladder, rectum, or peritoneal cavity. He had himself, however, in two cases where the disease had extended some distance above the vaginal reflection, removed the larger portion of the uterus from below, with the effect in each instance of prolonging the patient's life for many months. Such operations as these, however, should only be undertaken in very exceptional cases.

Dr. Garratt remarked that he had listened with extreme interest to the discussion following the reading of Dr. Storer's paper. He was satisfied that it must have received the unqualified approval of every gentleman present. He had himself of late years paid considerable attention to uterine disease, and was more and more convinced of its frequency and importance. He had repeatedly seen cases in consultation with Dr. Storer in connection with his own specialty, — the Diseases of the Nervous System, — and had found an accurate diagnosis indispensable where such could be effected.

Dr. Garratt exhibited his new

#### ELECTRIC ABDOMINAL DISK,

and presented several specimens to the Society for employment by its members. He had found the local application of galvanism to the surface of the body of especial advantage in many diseases of females, and by experiments instituted by the advice of Prof. Brown-Séquard he had ascertained that the best effect was obtained when the application was made to the periphery rather than to the nervous centres, to the abdomen rather than to the spine.

Dr. Sharp reported that he had carefully examined the specimen of Catamenial Decidua submitted to him at a previous meeting, and could not, with the micro-



scope, detect any material difference between it and the Decidua of Pregnancy. He dwelt upon the importance of this fact from a medico-legal point of view, and related a case under his observation several years since, where an abortion had, he thought, been wrongfully charged upon a lady from the evidence of a catamenial deciduous membrane.

Dr. Bixby related the instance of a very extensive vesico-vaginal fistula he had observed in London. So much of the septum had been destroyed that the operation of obliteration of the vagina by cross suture inferiorly was performed, with the effect of urethral menstruation.

Dr. Storer remarked that in the very rare instances where effacement of a portion of the vagina was indicated, it was better to confine the operation to the cul-de-sac, and so escape the annoyance of a collection of fluid, liable to become purulent, below the level of the fistulous opening.

Dr. Bixby related a case of

#### SUPPLEMENTARY NIPPLES,

and exhibited a drawing illustrative of the condition. The patient had been brought to Dr. Storer for examination as a wet nurse, and he had detected the openings of several lactiferous tubes, external to the areolæ, freely discharging milk on slight pressure, though the fact was unknown to the woman herself. These mamillary eminences were very much more marked than the usual little tubercular papillæ by which they were surrounded. Instances of the character described had been repeatedly recorded; but to so marked an extent as here they must be very rare.

Dr. Dorr related an interesting case of disease of the bladder, and another of outgrowth, not canuncular, of the meatus.

Dr. G. S. Jones reported an inveterate instance of

PRURITUS VULVÆ.

A Jewess, Mrs. M., thirty years old, stout, and the mother of five children. The usual remedies in such cases were of no avail, and the intolerable itching continued, to her great annoyance and discomfort. There was ordered a wash for the parts, and for an injection into the vagina, of bi-borate of soda  $\text{ʒ i}$ , gum camphor  $\text{ʒ i}$ , ol. gaultheriæ gtt. xxx, boiling water, one quart; when cool it was to pass through a cloth. It was to be used cold, and repeated several times a day. It had for a time the desired effect. Dr. J. desired to know if there was any remedy more to be relied upon in these cases.

Dr. Storer found it necessary to adapt the application to the circumstances of each individual case. He had long given great comfort by Oldham's ointment of hydrocyanic acid and acetate of lead with cocoa butter.

Dr. Garratt, in ignorance of Oldham's formula, had been in the habit of prescribing one very similar, consisting of two parts of Goulard's extract to one of Scheele's hydrocyanic acid, and twelve of water.

The Secretary read a most admirable letter from Dr. E. A. Perkins, of Boston, it being his application as a candidate for Active Membership.

Adjourned.

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TENTH REGULAR MEETING, HELD MAY 18, 1869.

The tenth regular meeting of the Society was held at Hotel Pelham on May 18th, at 7 1-2 o'clock, the Presi-

dent in the chair. Present, Drs. Lewis, Warner, Dutton, Field, Bixby, Sullivan, Campbell, Sharp, and H. R. Storer, and Dr. Dix, Honorary Member, and, by invitation Drs. J. B. Walker, of Thomaston, Me.; Levi Howard, of Chelmsford; Charles Dutton, of Tyngsboro'; S. H. Hurd, of Charlestown; and C. C. Street, H. L. Shaw, P. A. O'Connell, S. A. Green, Calvin Stevens, and G. N. Thomson, of Boston.

The records of the preceding meeting were read and accepted.

The Secretary read letters from Drs. H. I. Bowditch and J. H. Dix, of Boston, Honorary Members, and F. C. Fayé, of Christiania, Norway; T. Mack, of St. Catharine's, Ontario; W. F. McNutt and H. Gibbons, of San Francisco; S. D. Flagg, of St. Paul, Minn.; S. M. Bemiss, of New Orleans; J. S. B. Alleyne, of St. Louis; C. A. Logan, of Leavenworth, Kansas; Roberts Bartholow, of Cincinnati; Moses Gunn, of Chicago; C. C. Cox, of Baltimore; Alden March, of Albany, N. Y.; T. Gaillard Thomas, of New York city; T. C. Collins, of Great Barrington, Mass.; W. D. Buck, of Manchester, N. H.; W. W. Greene, of Portland; and B. F. Tasker, of Kendall's Mills, Me., Corresponding Members, severally acknowledging their election to the Society. He exhibited photographs of Drs. Fayé, Gibbons, Bemiss, Gunn, Logan, Buck, March, Cox, and Mack, received since the last meeting, and announced the following donations to the library: A complete set of the "California Medical Gazette" from its commencement, from Dr. McNutt, one of the editors; a monograph upon "Scirrhus of the Rectum," from the author, Dr. Alden March; and a copy of the "Dominion Medical Journal" for March, 1869, containing an account of a successful case of ovariectomy by Dr. Mack, of St. Catharine's, also from its author.



Dr. Dutton exhibited a very extraordinary specimen of

POLYPUS,

removed since the last meeting, and reported the case.

Mrs. T., forty-two years of age; one hundred and twenty-two pounds in weight; dark complexion, black hair, full figure, with health in early life remarkably good, commenced to menstruate at the age of thirteen or fourteen; after which time the return was with extreme regularity every twenty-eighth day. At the age of twenty-five she was married, and in two years and one month after delivered of her first child. Convalescence was slow, but at the end of three months her health was fully re-established, — commenced again to menstruate within four weeks of delivery, and continued with her former regularity for six years, when, for the second time she became pregnant, — went the full term, and was again delivered of a boy. In each case the labor was natural, although the first was severe. This time also, as before, she menstruated during lactation. From this time forward, for several years, she suffered severely from pains in the lumbar region, but with this exception experienced no particular discomfort, and continued in her accustomed health until August, 1866, at which time, while on a visit to Maine, she suffered intense pain at a menstrual return, which was quite unlike any former experience; this was soon followed by an illness, pronounced bilious fever, so aggravated as to entirely prostrate her for several weeks, during which time she was under medical treatment. As soon as possibly able to travel, she returned to Boston, but from this time continued quite poorly and unlike her former self. Marked symptoms of disturbance now began to present, — the right leg commencing to swell

a few days previous to each menstrual period, and subsiding at its termination; the character and amount of the menses also became greatly changed; from light, it turned to very dark in color, the flow continuing six or seven days instead of the original three, and in place of three or four ounces, as in health, the loss was increased to seven or eight.

These, so far as can be learned, were the only symptoms pointing to uterine disease, until June, 1867, when she experienced what she vaguely termed as a "strange sensation." The day following, some unusual effort was made in the removal of furniture, and for the first time she was aware of a substance partially presenting from the vulva. The following winter an irregular practitioner was consulted, who pronounced the case one of "severe ulceration," and prescribed a "wash;" but as the hoped-for improvement did not follow, its further use was shortly afterwards discontinued. About six weeks since, the patient first came under my observation; she was pale and bloodless in appearance, complaining of lassitude and great prostration; appetite impaired; sleep troubled; bowels at times acting naturally, but with frequent attacks of diarrhœa. A discharge from the vagina was also found existing of a serous nature, and so copious as to necessitate the constant use of a guard. Digital examination revealed a large mass, smooth, firm, and lobulated, occupying almost the entire vagina, but its attachment not readily determined. Subsequently Drs. Warner and Storer saw the case in consultation, and, expressing the opinion that the tumor was pediculated, recommended an early operation. During the next few days the mass descended still further, and its attachment to the anterior cervical wall was readily distinguished.

On May 18th, after etherization, its removal was

proceeded with; Drs. Storer, Howard, Perkins, Bixby, and Charles Dutton being present. In anticipation of hemorrhage it was deemed advisable to make use of the ecraseur, the chain of which, after some little delay, was passed over the mass, and slowly advanced until the stalk was included, when gradual and very slow movement was made, resulting in its severing without the loss of a drachm of blood, which happy circumstance was the result, as it was believed, of the long time occupied in the separation, — it being twenty-five minutes from the time the chain was applied until the division of the stalk, which, although at the commencement of the operation it was from one to two inches in diameter, and highly vascular, was reduced at its close to a diameter on either side of the cut surface no larger than that of a common pencil-case, and presenting an appearance almost cartilaginous. A section of the mass after removal shows it to be of a fibrous nature, and upon one side a cavity indicating the commencement of disorganization.

Dr. O'Connell exhibited a

FIBROUS TUMOR SPONTANEOUSLY EXPELLED FROM THE  
VAGINA AND SEPARATED BY THE ECRASEUR.

Margaret Moakley, aged sixty; has had seven children and two miscarriages, the miscarriages preceding the birth of her last child. Her youngest child is about sixteen years old. She always had a midwife in attendance during her confinements; had no special trouble in any of her labors, and did not realize that anything unusual was the matter with her until about five years after her last labor (that is, about eleven years ago), when, after an over-exertion in carrying a bundle some



distance, she felt the existence of what now has proved to be a fibrous tumor.

This tumor continued to annoy her from time to time by coming down when she over-exerted herself, and she supposed herself to be troubled with falling of the womb, but she was able always to return it herself, and upon its return she always became relieved. She has been able to attend to all her ordinary duties.

The tumor never troubled her by coming down, except when induced to do so by over-exertion, either in walking overmuch, or in carrying heavy burdens; and, until the present instance, it never emerged fully from the vagina.

During one or two years previously to her knowing anything of the tumor, she had a discharge from the vagina, variable in its character, which continued until within the past year; and on three different occasions, at intervals of one, two, and three years after the first appearance of the tumor, she had severe floodings.

Annoyance in the passage of her urine obliged her very frequently to assist herself by pushing back the swelling; and bearing-down pains sometimes harassed her, particularly after a heavy washing. Apart from this her health has been good.

When seen by me on the evening of Thursday, 13th inst., the tumor had been ejected twenty-four hours, and lay between the thighs, defying all the patient's efforts to return it. It was pyriform in shape, with a smooth, mucous-looking surface, in size larger than a very large pear, with its base pressed against the vulva, and with a well-defined pedicle of about an inch in diameter connecting it with the interior of the uterus.

This pedicle filled the mouth of the womb completely, and was clasped by its neck so tightly as to prevent the introduction of the finger any distance beyond. The

appearance of the tumor, indeed, coupled with digital examination only, per vaginam, did not contradict a first impression that it might be an inversion of the uterus; inasmuch as, to the finger, the surface of the tumor seemed to be continuous with that of the neck of the womb, reflected; and the constriction by this neck had produced a congestion of the tumor, which, in its fresh state, made its color as well as its shape correspond with what one might expect to find in a case of inversion.

Learning of the opposition of the family to an operation (I found that the previous physician had fallen into disgrace in the eyes of the family by recommending the removal of the patient to a hospital), and knowing that the relief the patient had been accustomed to derive from her own success in returning the tumor had prepared her to look with suspicion and want of confidence upon any one who would recommend an operation, — that is, unless the advice were supported by a reputation that could outweigh the prejudices and notions fostered by her own success heretofore in reducing the tumor, — I determined to fortify my own position, and benefit myself as well as the patient, by procuring the assistance of one experienced in this special branch of practice, and on the following day, Friday, May 14th, Dr. H. R. Storer saw the patient in consultation. Then a careful examination removed all doubts as to the nature of the tumor: —

Examination with the catheter furnished evidence that the bladder had not been dragged down, as it would have been by an inversion, — at any rate, by an inversion so complete as this would have been. Examination per rectum indicated the existence of a *something* where the uterus ought to be; and, finally, after much manipulation, Dr. Storer succeeded in slipping a uterine sound between the pedicle and the neck of the uterus up into

the cavity of this organ a distance sufficient to demonstrate beyond a doubt the existence of the cavity, thus determining positively what the *something* in situ was. The diagnosis thus made, the tumor was removed by means of the ecraseur, Dr. Storer operating, and Dr. Bixby being present.

The operation was attended with very little hemorrhage, as it was proceeded with leisurely for the purpose of avoiding anything of this kind. There was no pain whatever. The patient did not realize that an operation was being performed, although nervously alive to any painful sensation, and no anæsthetic was used. The vagina was then packed, and the patient was left, feeling very comfortable.

On the following day some disagreeable symptoms had set in, namely, skin hot and dry, pulse rapid, tongue brown and parched, respiration sighing, etc., etc., doubtless due mainly to the irritation of the packing and the retained secretions. These were removed by Dr. Bixby; the vagina was thoroughly washed out with chlorinated soda; beef-tea and milk punch, etc., were ordered to be used freely; and the bowels having been moved, and the night spent with some comfort by the assistance of a Dover's powder, the next day found her improved in every respect. As there had been no hemorrhage since the operation, the packing was removed wholly on the third day. Nothing disagreeable has occurred since, and, so far as the operation is concerned, she now feels practically well.

Dr. Storer remarked upon the character of the specimens presented, and exhibited diagrams illustrative of their points of attachment to the uterus, and the methods of their removal. He dwelt at some length upon the very difficult features of the differential diagnosis



from uterine inversion in Dr. O'Connell's case. The history was not unlike that of many cases of inversion. The finger could not enter within the cervix uteri, and upon sweeping it round the pedicle, this seemed everywhere continuous with the uterine tissue. At one point, laterally, there was a very minute depression, into which the sound entered readily but half an inch. The abdominal walls were so loaded with adipose tissue that no information could be obtained by abdominal or abdomino-vaginal palpation. The catheter, however, entered in the normal direction, backward, upward, and forward; and upon this sign, one hitherto hardly referred to by writers, the diagnosis was based. Further attempts being now made to pass the sound into the dimple already referred to, this was successfully accomplished to a depth of three inches, and the diagnosis was thus confirmed.

The catheter sign above described was a very important one. It had first suggested itself to him in a remarkable case that was sent to him several years since from Plymouth County. A very large fibrous polypus, escaping from the uterine cavity, had become impacted in the os uteri, the lips of which were so tightly drawn over the protruding mass, as to be apparently continuous with it, giving all the usual appearances of inversion. Dr. S. found the catheter to pursue its normal course, instead of backward and somewhat downward, as it would do in complete inversion, and upon this based his diagnosis, in opposition to the views of a friend who saw the case in consultation with him. Other gentlemen were summoned, among them Prof. Channing, and the late Dr. J. Mason Warren, who, considering the case one of inversion, warned Dr. S. to desist from the operation he would otherwise have attempted. Contrary to his usual custom, and much to

his subsequent regret, he allowed himself to be persuaded against his better judgment. Ineffectual attempts to reduce the supposed inversion were made by all the gentlemen present. The patient was sent back to her home in the country. Shortly after, the fibroid escaped into the vagina, thence into the external world, as in Dr. O'Connell's case, the pedicle became strangulated, and the patient died. The medical attendant amputated the mass post-mortem, and sent it to Dr. Storer, under the impression that it was the inverted womb. A section of it, however, confirmed Dr. Storer's opinion, and proved that it was, in reality, a large fibrous polypus.

Dr. Dutton's specimen, continued Dr. S., was also a very unusual one. It was distinctly lobulated, and presented to the eye, as well as to the touch, all the characteristics of the so-called fatty tumor, although a section proved it to be fibrous. The cystic degeneration observed in one portion of it added to the interest of the case.

At Dr. Storer's suggestion, Dr. Dutton's tumor was submitted to Dr. Bixby for microscopical examination.

Dr. Sharp asked if, in Dr. O'Connell's case, an examination by the rectum would not have settled the differential diagnosis, and was informed that it had been made, without throwing any additional light, whatever, upon the subject.

Dr. Stevens alluded to the fact that uterine polypi often exist for years, and eventually, in many instances, hasten patients to their grave, without being looked for or detected.

Dr. Sullivan presented a specimen, with all the appearance of

ADIPOCERE,

that had been discharged from the uterus of a patient,

and desired the opinion of the Society as to its true character. The case was as follows:—

Mrs. B., aged forty-two, married about six weeks, and before marriage subject to dysmenorrhœa, passed one week over her time, and supposed herself pregnant; commenced flowing April 1st, 1869. This continuing longer than usual, and increasing in severity, she became alarmed, and sent for Dr. S. First saw her April 11th. Upon digital exploration, discovered the uterus enlarged as at three months' pregnancy, os patulous, admitting tip of forefinger; pressure of ovum or other matter not distinguishable. Sound introduced, and passed to the depth of three inches; foreign body indistinctly felt, lying far up in the uterus; anterior lip thereof remarkably firm, and hard, resembling scirrhus. Ergot and opium were exhibited in small doses for several days; at first apparently with good effect. April 23d, ten days later, hemorrhage recurring violently, it became necessary to plug the vagina. Tampon removed in three days, and with it a substance not unlike adipocere, about the size of a walnut, flattened, and having a pediculated extremity and peculiar odor, unlike that of ordinary decomposition.

From this period the patient has gradually improved.

Upon motion, the specimen was submitted to a committee of three, with Dr. Bixby as chairman, to be examined chemically and microscopically.

Dr. Warner exhibited a fragment of

PLACENTA RETAINED IN UTERO FOR THREE MONTHS  
AFTER AN ABORTION,

and reported the case.

The patient miscarried early in February last, and had



periodical attacks of flooding quite regularly since. She had consulted several physicians, who had failed to detect the cause. Dr. Bowditch, being called upon to treat an obstinate cough, considered it to be reflex, and advised her to see Dr. Storer. An examination being made, with Dr. Warner in consultation, the uterus was found enlarged, nearly globular, the neck shortened, and the os somewhat patulous. The diagnosis of retained placenta was made, and the use of a sponge tent revealed its existence. The fragment was attached to the fundus uteri, and was removed with some difficulty by forceps, being perfectly fresh, and without any sign of decomposition. Submitted to the microscope, the normal placental structure was very apparent.

Dr. Field read an elaborate paper upon

THE NECESSITY OF CONSTITUTIONAL MEASURES IN THE  
TREATMENT OF UTERINE DISEASE.\*

Dr. Storer coincided with Dr. Field in viewing disorders of special sense, even though of reflex causation, as in many cases requiring direct treatment. It was a mistake to consider specialists as necessarily men of but one idea. To be a successful special practitioner presumed an intimate acquaintance with general diseases and general principles.

Dr. Warner also referred to the necessity that the specialist should be a good general practitioner, and instanced the effect of hepatic disturbance in exacerbating pelvic disease. He was accustomed in these instances to depend a good deal upon a mercurial, which, by relieving the portal circulation, also lessened uterine congestion. For this purpose he considered it much pref-

\* This communication was published in the Journal of the Society, for July, 1869.

erable to podophyllin. The influence of distant disturbance was nearly as marked in the case of other organs.

Dr. Stevens inquired if the mercurial should be used merely and always as a purgative. Dr. Warner replied in the negative, stating that an alterative effect was frequently required, and that he was accustomed to employ small doses, often repeated.

Dr. Field called attention to the importance of the fact that in many uterine cases, by delay in resorting to treatment, consulting incompetent practitioners, etc., time is given for the occurrence of complications, as anæmia. He quoted the remark of Trousseau, that in all acute cases the symptoms are nearly alike, while in all chronic cases they are individual and peculiar.

Dr. Storer having invited the Members of the Society to attend his course of lectures to physicians upon the Surgical Diseases of Women, to commence on June 1st, upon motion, it was voted that Special Meetings of the Society be held for the purpose at the time and place indicated.

Adjourned.

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AN AID TO PARTURITION AND TO THE TREATMENT  
OF DISPLACEMENTS OF THE UTERUS BY A NEW ME-  
CHANICAL APPLIANCE.

BY PROTHEROE SMITH, M.D., M.R.C.P.

*Physician to the Hospital for Women, London, Fellow of the Obstetrical Society of London,  
Corresponding Member of the Gynæcological Society of Boston, U. S. A., etc.*

[Communicated to the Society, and read Sept. 7, 1869.]

“WHAT makes the contrast between the easy and rapid childbirth of the savage state, and the painful and lingering process in civilized life?”

In answering this inquiry, I shall endeavor to elucidate the chief reason of this obvious difference, and thence to show what gives the advantage to the savage. I shall then endeavor to prove that a force, which exists in the one, and is deficient in the other, explains to a great extent the dissimilarity of the two instances. I hope, then, to propose a remedy for the defect, and to give my experience of its efficacy. The same question, applied to uterine ailments, is capable of a similar explanation, and its solution will, I venture to say, elucidate an important cause of the frequency of the diseases of women in civilized life.

Man being erect, it necessarily follows that the structure of the pelvis and abdominal muscles must be such as to retain the viscera in their proper position, and to make the necessary expulsive efforts which defecation and parturition require, with impunity.

The spinal column, thrown into a series of waves, not only lessens shock from concussion, but, by its lumbar curve, the plane of the pelvis is rendered oblique, constituting that graceful form, which, when absent, is artificially supplied by a pad or bustle, and which is so designed as to support the abdominal viscera on the pubes, aided by the abdominal muscular walls and spine, and to retain them within the pelvis. But when the plane of the pelvis becomes horizontal by the obliteration of the lumbo-spinal curvature, or, as it is called, the Grecian bend, the abdominal viscera tend to prolapse towards or beyond its outlet, and to displace the pelvic contents.

This lumbar curve being absent at the extremes of life, the infant is found to be straight-backed, whilst the common evidence of old age is the obliteration of the double antero-posterior curves, going on to the bowed back and drooping form of those who are well-stricken



in years. But the deficiency of the natural spinal curves is more or less known in early adult life; it may be from disease of the bodies of the vertebræ, with which we have at present nothing to do; but its chief cause may be found to be defective muscular power, which, in its cause and effect, forms the chief subject of the present paper.

Unlike the ancients, who suspended their garments from the shoulders, the usages of modern society impose upon females, more or less, from the period of birth, the habit of wearing a cincture round the waist. From this are suspended all the clothes, which, by their weight, keep up considerable pressure on the thoracic, lumbar, spinal, and abdominal muscles, and this persistent pressure often leads to degeneration of their tissue.

Thus the muscles used in diaphragmatic respiration, and for fixing the chest in forced efforts of expulsion, as well as those of the spine and abdomen, are enfeebled by absorption or degeneration of muscular fibre, and so their functions are impaired.

This alteration in the muscular tissue is well known to all who have witnessed the result of tight-lacing, in the dead-house, in the muscular atrophy, which marks such cases, and attenuates the abdominal walls. The consequent obliteration of the lumbar curve, and the levelling of the plane of the pelvis, destroy the natural lines of the female figure, and open the door to all those maladies which result from the above-named deformity of the spinal column and of the pelvic outlet.

Two great canals are lodged within the pelvis, namely, the alimentary and the generative. For the expulsion of the contents of the one in the act of defecation there are necessarily, —

1. The involuntary contractile force of the bowels, and

2. The voluntary force supplied by the spino-abdominal muscles.

In this act the direction of the pelvis is altered, so as to facilitate the passage of the fæces by means of an inclined plane, over which they are readily expelled.

In parturition, the expulsion of the child through the pelvic canal is protracted in like manner for lack of muscular power, and the process at times seems almost left to the unaided force of the womb. Hence, this organ is overtaxed, and sometimes fails in its efforts till helped by instrumental traction.

Of the two uses now claimed by the Pelvic Band, the first is to supply artificially that force which may be deteriorated by dress, or suspended by anæsthetics, and by so doing to aid the overtaxed uterus, by curtailing the period, and so to lessen the risks of ordinary labor; the second is to aid the treatment of uterine maladies.

I will now briefly describe the instrument, showing wherein it differs from, and in what way I believe it is superior to, any that have hitherto been brought before the profession.

The advantages of it, when used as an aid to parturition, are:—

1. That a fixed point is secured for the exercise of mechanical force by means of, as it were, an artificial skeleton, the immobility of which is secured by two pads, one sacral, the other pubic, retained in their respective places by lateral springs, which embrace the pelvis below the crista ilii.

2. There having been gained a fixed point, attached to the sacral pad are two vertical levers, and one horizontal; the former (vertical springs) end each in a costal spring embracing the thorax, and united by a sternal pad, so arranged as not to incommode the chest in respiration; the latter, or horizontal, is a powerful

spring, buckled to a belt closely adjusted to the abdominal walls, and connected above to the costal springs, and below to the pelvic band by elastic rings. It is thus constructed so as to act in the manner of the abdominal muscles. During the parturient pains, this belt is readily tightened at will, to assist or supply the place of the voluntary muscular contractions, and is as readily relaxed in the intervals of pain. When required, it may be made to maintain a steady uniform pressure, as, post partum, is often needed. This force, reacting upon the sacral pad, affords to the patient that support in the lumbar region which is so much called for during labor, and which is usually supplied by the hands of the nurse.

In the catalogue and report of instruments, published by the Obstetrical Society of London, in 1867, there is, at page 5, an ingenious contrivance by Dr. Woodward, of Worcester, which seems to answer the purpose just referred to, and which he accordingly named "an Obstetrical Back Supporter." When the power of the abdominal muscles has been impaired by the constraint of dress, or rendered deficient under the influence of anæsthetics, the instrument described supplies artificially a force which simulates that of the abdominal muscles, when in a normal state. In this way I have found it of the greatest value in cases of anteversion of the gravid uterus, at the period of parturition. Only a few weeks since, I quickly and easily rectified the abnormal position in a patient I have attended with four children. The ease and rapidity of birth offered a great contrast to her former labors, and the patient appeared to herself to be better than on any previous occasion. Her subsequent "getting up" was satisfactory in every respect, and she has regained her strength in a manner so superior to that which has happened in her other confine-



ments, as to elicit voluntary expressions of satisfaction and surprise from herself and friends.

For the mechanical treatment of uterine ailments, this instrument acts in the following way: The pubic and sacral pads, fixed by the lateral connecting springs, tend by their mutual reaction to alter the plane of the pelvis, if too horizontal, to one more oblique, and therefore more natural. The costal springs, and sternal pad, attached to the end of the perpendicular springs, help still further to increase the lumbar pressure to throw the sacrum backwards, and at the same time to fix the whole apparatus. From the pubic pad, and attached to it by a movable rackwork, is a curved steel spring, which, bent to the shape of the vagina, is passed into it, whilst it is made to carry at its extremity any form of pessary or support that may be required.

The advantage of an uterine support adjusted by these means is, that its point d'appui being the pelvis itself, in ordinary movements of the body it is not liable to displacement.

Without attempting here to enter into the pathology of misplacements of the womb, further than by referring to the cause already mentioned, namely, that of a too horizontal position of the pelvis, I would state that in order to rectify this, the prone position of the patient for a longer or a shorter time has often been adopted by practitioners, and this mode of treatment was strongly advocated by my late friend and former colleague, Dr. Rigby. To counteract such derangement, I have made many experiments, which have at length resulted in the production of this instrument.

A stand-point is thus obtained, whereby force can be gradually applied to the lumbar region, so as to alter the position of the pelvis from the horizontal to a more oblique plane. The same advantage is thus gained by

the Pelvic Band, without the confinement and restraint of the prone position, and of many other ingenious appliances, which nevertheless are much more complicated and irksome to be borne.

The principal feature of the Pelvic Band is that it forms an artificial skeleton, and so supplies all the chief points d'appui by which the complicated muscular system, engaged in the acts of expulsion, harmonize and effect their purpose; and it is so one with the pelvis itself, as to offer a stability and comfort that no appliance depending chiefly on abdominal, and therefore unstable, pressure can possibly afford.

Enough, I trust, has now been said to warrant the hope that members of our profession will not be wanting to test its merits. Should this instrument obtain the approval of the distinguished physician who now occupies your chair; should it prove to be, as I hope, an aid to midwifery, by lessening the pains and perils of childbirth, as well as by curtailing the often protracted attendance of the accoucheur; and should it likewise tend to facilitate the treatment of uterine dislocations, my object in bringing the subject before the Society will be fully gained.

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## THE RELATIONS OF PHYSICIANS TO INVALID WOMEN.

BY HORATIO R. STORER.

[*Read before the Society, March 16, 1869.*]

IN the records of the first meeting of the Gynæcological Society of Boston there stands the following paragraph, embodying one of the chief principles in accordance with which the Society was founded:—

"That as in attending upon childbed, all impurity of thought and even the mental appreciation of a difference in sex is lost by the physician, and an imputation of these would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental and physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practise medicine or surgery, in any of their departments, with as much benefit to their patients, or as successfully, as men."

The preceding statement represents what is undoubtedly the belief of those physicians whose duties call them to daily attendance upon sick women, and who are therefore most competent to judge. The Society will compare with it the following allegations made by a lady occupying a prominent position in this community, and looked upon as to a certain extent a leader of public opinion, — Mrs. Caroline H. Dall.

"Let us look the question in the face for a few moments. The best physicians are the most sympathetic men. In women sympathy is active;— we all know what tricks it plays them in hysteria. There are a great number of common diseases which men and women can treat with equal success; but when we come to diseases special to a sex, or unusual in themselves, the case is different.

"In the face of death, prejudices disappear, and sex is forgotten; but in the healthy flow of daily life intrusion is readily felt to be impertinent.



"My own opinion is, that the annihilation of female diseases can only be brought about by women themselves. After a great deal of experience, I am convinced that no woman who has led an impure life can be herself, that is, be in a normal condition, in the presence of a man; no matter how sacred his motive in seeking her, she cannot be completely undisturbed. Women who are familiar with her usual aspect see the immediate change when he approaches. This remark is not irrelevant. What is true psychologically is also true physically, and for the same reason. Whatever the occult sexual laws may be that determine the matter, it is certain that the diseases popularly known as women's diseases create a morbid activity of the senses in the purest women. This is openly admitted fact in hysteria, and it is equally true of all uterine diseases. A woman's presence in the sick-chamber is the only presence possible without some complication of symptoms, some aggravation of the disorder. This complication and aggravation lie outside the patient's will; they may be an extreme mortification to her, but they will have to be considered nevertheless.

"The first reason, then, for educating women as physicians is the desirableness of offering them relief pure and simple, — relief free from unwonted excitement, or perplexing disturbance. Another is to be found in the fact, that a vast amount of female diseases is merely simulated. It is not the less disease because it is neither functional nor organic, and is only the outgrowth of pampered imagination, or false living; but men, themselves a disturbing influence, rarely discover that it is simulated. They pity the patient. They cannot tell, as women can, that a mental stimulus, a moral purpose, or a moved nature, will do more than medicine. But a still stronger reason may be found in the

impossibility of any man's penetrating the mysteries of an organism which he does not share. Possessed of an immense plexus of nerves of which he knows nothing, women are sensitive to a thousand pains, and responsive to a thousand remedies of which he cannot dream."\*

Now it will be observed that Mrs. Dall distinctly makes these charges:—

1. That a physician's presence in the sick-chamber is impossible without creating a morbid activity of the sexual sense, that is to say, an unchaste thought, if not an unchaste longing, even in the purest women.

2. That a vast amount of female disease is merely simulated.

3. That physicians, themselves a disturbing influence, do not recognize this fact, are unable to detect malingerer where it really exists, and are so incompetent to practise.

4. As they are, also, for the reason that "it is impossible for any man to penetrate the mysteries of an organism that he does not share."

It is unnecessary to do more than present these statements in all their grossness. We can only believe that their authoress was unaware what she penned. It would be wicked to believe that she spoke from any personal experience; but there can be no doubt that she has totally misrepresented the general experience of her sex. Physicians, to whom the treatment of the diseases of women would be simply disgusting, were it not for the belief that women really suffer physically far more in proportion to men than is generally supposed, can well afford to pass over this criticism upon themselves, however unintended it may have been, in silence; but an imputation upon the character of their patients has

\* *New England Medical Gazette (Homœopathic)*, March, 1869, p. 88.

been made, which, unless challenged, would tend to prevent the disclosure of much real suffering, and the bestowal of much real aid, and besides to lower the moral standard of professional and social intercourse with women.

If Mrs. Dall has not committed a fearful error of judgment, not only are physicians universally a curse to the community, but the daily meeting of clergyman with parishioner, of teacher with scholar, of friend with friend, unattended as these are by the disgust which is so constantly present in the case of the medical attendant, are productive of so direct and intense a degree of sexual excitement, "even in the purest women," that the very name of continence is a delusion, and of chastity a lie.

Were her statements true, no honorable man could longer continue to practise his profession. If they are true, the sooner every one, both men and women, is made to confess the fact, the better for us all; and if female physicians base their claims to recognition and support upon such vile slanders as these, never before in this community so distinctly stated, the sooner the better this also.

"Possessed, however, of an immense plexus of nerves of which man knows nothing, and sensitive to a thousand pains of which he cannot dream," the discovery referred to will probably remain in their own possession, and that of their over-enthusiastic advocates.



UNSUSPECTED RUPTURE OF THE UTERUS, THINNED BY  
FATTY DEGENERATION.

BY H. P. STEARNS, HARTFORD, CT.

[Communicated to the Society, and read Sept. 7, 1869.]

AUGUST 4, 1869, at about 10 o'clock P. M., I was called to attend Mrs. — in her fifth confinement. She was a native of Germany, though for several years a resident in this country; of light complexion, five feet six inches in height, and weighed about two hundred and seventy-five pounds. She was reported to have been in labor one hour when I arrived; was lying on her left side, and the pains were frequent and of moderate force. She was constantly calling for support to her back, as she said the pain was most severe in that region.

Upon examination, I found the head presenting in the first position, and well down in the cavity of the pelvis. After ten or fifteen minutes, as the labor did not progress so rapidly as I thought it should, judging by the apparent size of the pelvis and the severity of the pains, I examined the abdomen, and found it exceedingly large, from an immense deposit of adipose tissue, and the body of the uterus very low, and standing at nearly a right angle from the line of the trunk. It was carefully elevated, and an assistant directed to support it. Immediately the head advanced more rapidly, and very soon passed the external parts. During the last few minutes the pains had been nearly continuous, though by no means so strong, apparently, as I have many times witnessed; and the head had advanced rather slowly; still, I was expecting the completion of labor at once, and, as no further advance was made,

considerable traction was used, and the woman encouraged to assist herself as far as possible. As nothing was gained, an effort was made to change her position so as to introduce the hand and bring down an arm, but she appeared to be very nearly helpless, and her weight was so great that I could do little to assist her in this respect, and at the same time in completing the labor. All the force I could use with both hands was of no avail, and a messenger was sent for assistance. Dr. L. S. Wilcox soon arrived, and, after changing the position of the patient's body, and elevating her thigh, the hand could readily be introduced, and an arm was brought down, and delivery completed. The placenta, being partly in the vagina and partly above the superior strait, was removed by the hand.

The woman seemed to be entirely relieved, as is usual after an ordinary labor, but finding that neither the uterus or vagina seemed to contract, the hand was again introduced, and it was then ascertained that the uterus was ruptured longitudinally on the anterior surface, for the space of six inches or more, and my hand readily passed through the rupture into the cavity of the abdomen. The anterior wall of the uterus where the rupture had occurred was felt to be exceedingly thin; in fact, not much thicker than the ordinary membranes, while the posterior wall was partially contracted.

The woman expressed very little pain when this examination was made, and continued to converse some minutes quite freely with one or two acquaintances who had just come in, not being aware that anything unusual had occurred. Soon, however, she became pulseless and faint, and called for water. Stimulants and anodynes were freely administered, but no reaction occurred, and she died at the end of two hours from the termination of labor.

The child had apparently been dead some days, was a male, and weighed thirteen and a half pounds eighteen hours after its birth.

It will be observed that in the above case nearly all the symptoms usually supposed to be manifest, directly upon the occurrence of rupture of the uterus, were absent until at least twenty minutes afterwards. There was no sudden or unusual pain in the abdomen sufficient to alarm the patient; on the contrary, she continued to refer the seat of the most severe pain to the back. There was no faintness or vomiting, or change in the condition of the skin sufficient to attract attention, and the respiration remained of ordinary frequency (the pulse was not examined until later). At no time during labor were there any unusually severe pains; there was no deformity or contraction of the pelvis, but it was a very roomy one. Further, the rupture did not occur until the head had passed, or nearly passed, the external parts; at least the head continued to advance till then, and no longer, so that it is fair to presume that the lesion did not occur sooner. This last fact was doubtless due to the unusually large size of the shoulders and body of the child, while the head was of moderate dimensions.

The cause of the rupture, and the absence of the usual symptoms attending, may perhaps be explained by the condition of the walls of the uterus. As before remarked, they were exceedingly thin, and I am inclined to think that there was degeneration of the muscular tissue, as the whole system was so loaded with fat that the woman had not been able to go out of doors for some months. It is to be regretted that this could not be certainly demonstrated, as no post-mortem could be obtained. It would, however, tend to explain the temporary absence of the usual symptoms, inasmuch as the tearing of such



tissue would hardly produce the sudden and profound impression upon the general system which always occurs when so grave a lesion affects uterine tissue of the usual thickness and in a healthy condition.

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## AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY.

### II.

BY HORATIO R. STORER.

*[Continued from the August Number of this Journal.]*

WE were showing what has been done for Gynæcology by the Massachusetts Medical Society in its publications, and had reached the year 1829.

Dr. Hale, in his "Observations on Abortion," recognized to a much fuller extent than has ever been done by some of his contemporaries, still living, the frequency of the accident, considering that it occurred in at least one pregnancy out of every ten or fifteen in the most healthy towns in the State, and in one out of every four or five in Boston. In enumerating the many accidental and so-called natural causes of miscarriage, Dr. Hale does not even hint at the possibility of its ever being of a criminal character, nor was attention called by any one to this fact till many years after, though there is reason to believe, from the confessions of elderly patients now made, that the practice referred to was as well known to females, and as constantly resorted to, then as at the present time. Concealment was then, however, very much easier, so much was it the custom for physicians to imperfectly study their uterine cases. Dr. Hale was a very accurate observer, as we ourselves well recollect. He recognized the disastrous effect of abortions, as compared with completed pregnancies, upon a woman's health. "Many

a woman," he says, "has traced the beginning of a course of ill-health, which has attended and probably hastened her to the grave, to a miscarriage. And when the tendency to abortion has become habitual, the constitution is almost always undermined, and the patient sooner or later sinks into a consumption. It is not necessary to go into a consideration of the particular diseases, whether prolapsus uteri, menorrhagia, fluor albus, or only a general debility of the constitution, which are induced by abortion."

As regards treatment: "In every case of threatened abortion," says Dr. Hale, "the physician is bound to consider distinctly the question of the possibility of being able to prevent a miscarriage. If there are reasonable grounds for such a probability, then prevention must be his first object."

Would that such doctrines as these were held by all practitioners, even of the present day! There would be far less tendency on the part of the public to believe that the profession tacitly endorses a disregard for foetal life. Dr. Hale was unaware of many of the therapeutic procedures of our own time. The application of heat to the sacrum for checking uterine activity, and of sponge tents for getting at and removing retained foetal debris, were then unknown; but his paper is a model of thoughtful research and suggestion, in many respects, indeed, superior to the celebrated treatise by Whitehead.

From 1830 to 1836, in Vol. V., there were several gynæcological papers published. Under the title of "A Variety of Paruria Retentionis peculiar to Females," Dr. James Jackson, of Boston, distinctly describes cases of the dysuria so frequently attending inflammation of the pelvic cellular tissue in the neighborhood of the vesico-uterine reflexion of the peritoneum.

He, however, shared in the general ignorance of the

time as to the exact character of the disease, and while the symptoms of the patient are very accurately stated, he gives no detail of the condition found upon vaginal examination, although the following quotation shows that such must have been made: "The expulsion of urine was often attended by strong bearing down of the uterus and great pain. In such cases some benefit was derived from pressing the fingers firmly against the uterus. The uterus did not, however, so act as to present any mechanical obstacle to the evacuation." As often occurs at certain stages of the disease under consideration, "the return of the catamenia after some weeks did not afford any relief, and for the time even aggravated the suffering."

We have said that Dr. Jackson did not understand the character of these cases; he himself frankly avows the fact. "Nor was I able," he says, "to satisfy myself in my first, nor in any subsequent case, to what cause the retention of urine was owing; yet I had all the opportunity for this purpose which I could wish in the living subject." And again: "At the time when my first case happened, I sought assistance from my elder brethren, but did not find them acquainted with the disease. I consulted many books also, but with as little advantage. Since that time I have never seen the disease described, except in the 'New England Journal of Medicine,' and that by persons who had derived their knowledge of it from me, in conversation or in my lectures. Until the Massachusetts General Hospital was opened, I very rarely saw any cases to be compared as to severity with the one I have described. Among the patients there, especially in young women living at service, I have had many severe cases."

Despite this acknowledgment, Dr. Jackson had unconsciously put upon record what might have given him



the key to these cases. "A symptom that I have often noticed," he remarks, "was a swelling just above one of the groins, within the parietes of the abdomen. The swelling was not exactly defined, and was somewhat painful, and quite tender to the touch. A less common symptom was referable to some collection of matter in or about the uterus. First the patient suffered great pain in the pelvis for some days, and then there took place a sudden discharge of bloody matter by the vagina, with relief."

The medical treatment pursued by Dr. Jackson shows that good judgment so characteristic of the man. No attempt at surgical treatment seems to have been made. There is no suggestion made as to the detection of pus by the vaginal touch or exploring trocar, and none as to its artificial discharge.

Dr. Enoch Hale, of Boston, contributes an article upon "The Sore Mouth of Nursing Women;" and Dr. Walter Channing, also of Boston, one upon "Inflammation of the Veins, with Remarks on the Supposed Identity of Phlebitis and Phlegmasia Dolens." The latter paper gives one a much truer idea of our old teacher's erudition and mastery of his subject than do most of his later writings.

Dr. A. L. Pierson, of Salem, in a communication upon the general features of Puerperal Fever, discusses the question of its contagion, taking a position at variance, we have long believed, with the fact. The mass of evidence, even at the time Dr. Pierson's paper was written, was against him; but he writes so dispassionately that all must respect his opinion. "The very great importance," he says, "of this subject to every practitioner, must be my apology for introducing matters of personal concernment. Having candidly and fairly stated the fact, I may be allowed to offer my opin-

ion, which can easily be separated from my statements by those who do not agree with me. After the best examination I have been able to make, I have settled my own belief that the disease is not contagious. The facts and considerations upon which I rest this belief cannot all be brought up in this brief communication. But I cannot reconcile to a belief in the contagiousness of the disease, that consulting physicians and attending nurses have never happened to communicate the disease; that minute dissections made in the presence of several practitioners have never spread the contagion; that women who have been confined in the same houses and the same rooms with those who died have not had the disease; that long intervals elapsed between my cases, in which many births occurred without the disease appearing; that I had cases occur when I took the most minute precautions, as to change of dress, etc., and the reverse when I neglected all precaution. Still, however, the facts are remarkable, and I leave them to the explanation of more experienced practitioners. It is certainly true, that in the history of almost every epidemic of puerperal fever, we learn that most of the cases were attended by one practitioner."

In 1833, Dr. Walter Channing, now become Professor of Midwifery in Harvard University, read a communication upon "Irritable Uterus;" a term then, as now at the hand of Hodge, exceedingly vague and unsatisfying. This paper of Dr. Channing's may be considered as the first comprehensive monograph published with us upon the general subject of gynæcology. "Erroneous diagnosis," writes the professor, "has led to evil. The illustration of this remark is at hand in much that has been written on mimotic diseases, so called; and also in certain views concerning a pathological state of the spine, which have been so strongly urged by

those who first advanced them, and which have found here, as well as abroad, strenuous advocates.”

We have objected to the term employed by Dr. Channing, as too vague. This fact is seen upon every page of his article. Even at the present day practitioners and authors alike are too indiscriminating in their diagnosis, and accordingly in their treatment. Dr. C. opens up the discussion of those questions concerning true and pseudo-inflammation, which have since so agitated the gynæcological world, and he quotes, with an enjoyment equal to that of Tilt, the remarks of Sir Charles Bell, concerning the influence of the so-called irritation of the ovaries.

“All the subjects of these odd cases, which we do not understand, get well. This is consolatory to the patient, certainly, but not very satisfactory to ourselves. Ought it not to be a question, what nervous affections are consequent on trivial irritation? Without entering on the question, whether disordered health be followed by the imperfect and deranged action of the uterine system, or whether the latter be the primary disorder, — the ovaria are the source of irritation; and the consequences are exhibited through the most susceptible system of nerves, the respiratory system. Hence the disorder of the stomach, the spasms, globus, the difficulty of deglutition, the aphonia; hence the affections of the countenance, the tears, the sobbing, and spasms of the eyes and face, and throat, and chest, and stomach.” \*

The reflex causation of many distant pains and disturbances in uterine disease is fully recognized by Dr. Channing, and the fact that treatment, to be successful, must be directed to the seat of the malady. “The dis-

\* Exposition of the Nervous System. By Charles Bell, F. R. S. Appendix, p. 122.



ease," he says, "bears a very close resemblance to other diseases. The treatment of such diseases does not answer any good purpose in irritable womb; but, on the contrary, may aggravate it, and prolong its continuance."

He insists upon the propriety of a careful physical exploration. "An examination will always settle the diagnosis, and should never be omitted, not only in this, but in all serious affections referable to the uterine system. A physician can know nothing of this class of diseases in any other way than by examination per vaginam. One of the very best writers on female diseases declares he would not consent to undertake the management of any such affection, but upon the condition that an examination were allowed to him. No objection should stand in the way of making one."

It is disgraceful that while such statements were officially published in Boston, thirty-six years ago, and a copy thereof placed in the hands of every member of the profession, there has yet existed and still exists so much charlatanry in the highest quarters, so far as concerns the means taken to decide upon the existence and the differential diagnosis of uterine disease.

Dr. Channing recognizes among the exciting causes of pelvic disease one that plays an even greater and more frequent part now than then, the use of pessaries. "I have known," says he, "a very obstinate form of disease to follow the use of a pessary, introduced to obviate uneasiness in the pelvis, accompanied by slight displacement of the womb. It has also followed the long-continued use of the same instrument, which has been allowed to remain, and, becoming foul from neglect, has produced disease."

The speculum was then almost unknown, its early use having been forgotten, and Dr. Channing makes no

reference to it in the whole course of his paper. Many of the evils of injudicious local treatment, now so rife, were accordingly escaped.

The pernicious doctrine of spinal irritation, so called, as a distinct disease, was generally held, as it still is to altogether too great an extent. Dr. Channing is alive to the error, though he is unable to give a satisfactory explanation of its reason. "I regard the diseases (spinal and uterine irritation)," he says, "as so much alike in kind, that the diagnosis is resolved into the simple question of the seat of the disease. Now, the symptoms are very often those which characterize true hysteria; in fact, it is hysteria in its most perfect and sometimes most alarming forms. We have here either a conversion of the disease, or an unexplained but original manifestation of it in a new situation."

As to treatment. Many valuable suggestions are given, improvements upon the empirical practices then in vogue. Indiscriminate blood-letting is heartily condemned. "If we have tried this, especially venesection," says the doctor, "much caution is to be used in its repetition. Partial relief at first, with speedy return of suffering in the old place, is no good reason for continuing blood-letting as a part of the treatment. This becomes of much stronger obligation in the advanced periods of the disease, when exhaustion is manifested everywhere. Let the local symptoms be as severe as they may; it is questionable if the loss of blood will give even present relief; and it will surely be followed by increased suffering."

It must be recollected that direct uterine depletion was then practically unknown. Rest was the panacea. "Rest," says Dr. Channing, "forms an indispensable portion of the treatment of all cases. It is the condition on which the success of the whole treatment

depends. Of its importance the patient should be fully informed; and especially of the hazard she runs of aggravating the disease in all its forms by neglecting this condition, and of reviving the disease when it may be about wholly to disappear. Am I asked of what kind, and how long shall rest be insisted upon? I answer, it is the recumbent position, on a bed or a sofa; and as to the time, certainly so long as the erect position produces uneasiness, and while this has associated with it the sympathetic affections which have been described as belonging to the disease."

Rest, unaccompanied as it was by the modern methods of treatment, was formerly carried too far. The patient often became permanently confined to her bed, as we have often had occasion to see, in cases from the country of many years' standing.

Upon the whole, as we have endeavored to show by our extracts, Dr. Channing's paper is the most valuable contribution to gynæcology up to that time made in New England, and much of it would do credit to a writer of the present day.

In May, 1836, Dr. Andrew Nichols, of Danvers, delivered the annual discourse before the Society, selecting as his topic "Irritation of the Nerves." It was an interesting and able paper, full of practical suggestions. Speaking of the benefit to be gained from counter-irritation, and especially dry cupping, Dr. N. makes use of the following language:—

"The cramps that are often so troublesome in the latter months of pregnancy, and during parturition, will yield readily to this treatment. The true pains of parturition even may be much mitigated, and the preliminary and subsequent pains arising from uterine irritation may often be rendered comparatively trifling, by cupping over the lumbar and sacral portions of the spine."



In the appendix to his paper, Dr. Nichols again adverts to the subject, and reports cases confirmatory of his views; and in speaking of the neuralgic pains so often observed in connection with pregnancy and parturition, he ventures the assertion that "the severity of after-pains in the same individual often bears some proportion to the number of previous accouchments." He does not, however, seem to have recognized the fact that imperfect contraction or sub-involution have anything to do with the retention of coagula; or the irritation of these, with post-puerperal clonic contractions and consequent pains.

In Vol. VI., from 1837 to 1841, there is no paper bearing in any way upon gynæcology, nor in Vol. VII., from 1842 to 1848. In 1846, it is true that a communication was made, the annual discourse of the year, by Dr. John O. Green of Lowell, upon "The Factory System in its Hygienic Relations;" but, as was perhaps to be expected from a physician who, from the place of his residence, was so likely to be dependent upon the influence of factory owners and managers for a great portion of his daily bread, the whole tone of the address is that of complete satisfaction, even to adulation, with the present method. There can be no doubt that, in so far as concerns certain points, the factory system is favorable to a woman's mental, and, accordingly, to her physical health. The becoming able to defray the expenses of her living, engenders an honest pride. The laying by from her wages, of money that may go to her bridal outfit, tends, perhaps, to render more certain the coming of that day to which all women look with so much pleasurable anticipation. The escaping from a home discipline which to many is a species of irksome servitude, and the becoming enrolled as a member of a sisterhood, which, like all other organizations of either sex, has its

own laws, customs, and esprit de corps are all of them favorable elements, although they were not referred to by Dr. Green. On the other hand, in a large city and an extensive association of persons engaged in kindred utilitarian pursuits, there obtains, to a still greater extent than in boarding-schools, those tendencies to actual immoralities, social and solitary, and, still more, to a license of thought, which directly or indirectly lay the foundation of positive bodily disease. Add to this the confinement, even under the eight-hour system, the wearying and constrained positions, and the close atmosphere, even where rooms are heated by steam and tolerably well provided with air inlets and exits, and withal a certainty of its constantly being kept in motion by revolving machinery, and we have agencies causative of additional physical disturbance. It is as it is with school-mistresses and other working women, whether laboring with mind or body. They are compelled to keep at their toil month in and month out, and this entirely without reference to the times of their catamenial discharge. As regards these matters, those of us who live in the metropolis and attend to such cases, see many patients from the factory towns who attribute confirmed ill-health to the above and similar causes, which Dr. Green had not taken into consideration.

From 1849 to 1855 no gynæcological communication was made to the Society. This neglect, however, was made amends for in the latter of these years by the admirable paper by Dr. James Deane, of Greenfield, on "The Hygienic Condition of the Survivors of Ovariectomy;" the more remarkable from the fact that, at the time of its appearance, every surgeon in New England, with one or two exceptions, was practically, and as a general rule emphatically, opposed to the operation.

From a peculiar circumstance attending the publica-

tion of Dr. Deane's communication, namely, that his name does not appear in the table of contents printed upon the title-page of the yearly publication, nor on that of the bound volume containing the publications of several years, nor at the head of the paper itself, as had previously been the custom of the Society, it would seem that the same unnecessary and ungraceful timidity was felt by the publishing committee as was shown by it upon another and similar occasion.

There is reason to believe that the paper referred to has been seen by but very few physicians outside this State. Though written nearly fifteen years ago, it aptly expresses what most good surgeons now believe. We shall take pleasure, therefore, at an early day, in reprinting it entire, and only regret that its talented author could not have lived to see his views appreciated by a more generous profession.

In 1856, Dr. John G. Metcalf, of Mendon, under the title of the "Study and Practice of Midwifery," gave an epitome of his own extended experience, and in the same year there appeared the exhaustive prize essay, by Dr. George H. Lyman, of Boston, upon the "History and Statistics of Ovariectomy, and the Circumstances under which this Operation may be regarded as Safe and Expedient."

At the time it was written, Dr. Lyman's monograph was undoubtedly the most complete that had ever appeared upon the subject. The medical records of every country were carefully searched, and the utmost pains were taken to ensure the most perfect accuracy of statement. Strangely enough, all reference seems to have been omitted to Dr. Deane's valuable paper upon the hygienic condition of the survivors of the operation, published by the Society only the year before, to which allusion has already been made. Dr.



Lyman gives not merely the history of the operation and of every palliative procedure that has been selected as an alternative, and fairly and impartially balances them in the light of such evidence as was then possessed, but he adds a very valuable chapter upon the differential diagnosis of abdominal tumors, which it would be well for every practitioner to peruse at least once a year.

Dr. Lyman's conclusions are still entitled to much weight, and though we do not accept entirely his views, we do not hesitate to present them in their entirety.

"The objections," he says, "to this operation, on the one hand, and the arguments in its favor, on the other, must be qualified more or less, according to the value which the reviewer may attach to statistical results. Could we be quite sure that all unfavorable cases were as promptly and honestly reported as those which result happily, we might soon arrive at something like definite notions on the subject; but, unfortunately for the honor of the profession, it is only too true, that, of those who are known to have devoted much attention to this operation, some have been more eager to blazon forth those successful cases which may redound to their glory in the eyes of the public, than to give to their professional brethren their unsuccessful attempts, which, if conscientiously undertaken, would not lessen respect for their skill, and would so greatly benefit their suffering fellow-creatures. If the profession were a trade, this might perhaps be considered as fair and honorable; but if we are, as we are proud to consider ourselves, only God's instruments for the alleviation of human suffering, no man, in any view of the subject which ingenuity can suggest, has a moral right to withhold his experience from his co-worker in so righteous a cause. 'Can

there be a more flagrant violation of a solemn duty than the practice of keeping in the background what experience has taught may be unfavorable to any peculiar plan of treatment or unwonted operation? What is it, when a man knowingly lets his fellows carry away a false impression on such subjects, but to violate every law of truth, — to indorse a lie?’\* Prof. Dohlhoff, in confessing an error of diagnosis,† says, ‘Happy are they who can say they were never deceived. As for myself, I have not been so fortunate, but I am sufficiently sincere to acknowledge my mistakes, for there may be those who will benefit from their narration.’ This objection, however, does not apply to ovariectomy alone.

“If, then, in view of the foregoing statistics, we may claim for the operation, that it is, in certain cases, justifiable, which are these cases? or, in other words, ‘Under what circumstances may the operation be regarded as safe and expedient?’

“In view of the fact that the tumor is occasionally of very slow growth, and that the general health of patients suffering from cystic disease of the ovary is ordinarily good, unless inflammation of the cyst supervenes, or some accident causes its rapid development, we should say that it was neither safe nor expedient to put in force any operative procedure, before constitutional symptoms are excited by the suffering from distention, and the consequent disturbance of the functions of digestion, respiration, etc.

“The fear of adhesions, or other future contingency, does not render an operation safe or expedient, as has been often urged; for those contingencies may never arise.

\* Brit. and For. Med. Chir. Rev., Jan. 1852, p. 230.

† Synopsis, case 162.

"If any operation is contemplated, the above period (that is, that in which serious constitutional disturbance begins to show itself) should be selected; farther delay diminishing the chances of a favorable result, by the progressive loss of health and strength, and the liability to repeated attacks of subacute inflammation of the cyst, and the formation of adhesions.

"It is neither safe nor expedient to operate, if there be any signs of a malignant diathesis.

"The safety of the operation is greatly diminished by the coexistence of uterine or other visceral disease; and hence it is neither safe nor expedient to operate until every known method of diagnosis has been exhausted, — as the touch, the use of the uterine sound, auscultation, percussion, etc. ; after which, no case, no matter how positive apparently the diagnosis may be, should be operated upon until after previous tapping, that every certainty, short of actual sight, may be possessed.

"This preliminary tapping should be followed by moderate pressure, in the hope of checking the refilling of the cyst, as such favorable results have occasionally followed; and the patient is in no worse condition for ulterior measures, even should the tapping prove useless.

"If, after the removal of the characteristic fluid, it again accumulates, no 'bold incisions' are justifiable until the smallest possible exploratory incision has shown that no adhesions exist, so far as this can be ascertained by the introduction of a finger or probe.

"Under the above conditions alone do we think that ovariectomy can be considered both safe and expedient. But the farther question now presents itself: Is not this operation expedient, even though it may be less safe, in many of the remaining cases?

"The answer to this depends entirely upon how far it



is justifiable for a surgeon to assume the risk of cutting short a life, which, at any rate, must terminate in a few weeks or months at most, in the very uncertain hope of prolonging it by operation. This is a question of medical ethics which each individual conscience must answer for itself, and upon which an honest difference of opinion may, and in fact does, exist. If, however, we take as our guide the surgical practice in many malignant diseases, — the treatment, by amputation, of inveterate cases of necrosis, articular disease, etc., the operations of embryotomy, or Cæsarean section, — we should say, without hesitation, that very many of the more desperate cases of ovarian tumor were legitimate subjects for operation. Has the surgeon a right to say to one, who, with death staring her in the face, urgently demands, as her last hope of life, such relief as his art may perchance afford, ‘I dare not assume the responsibility’?

“We think, then, that, if the facts are as stated in the foregoing paper, the following conclusions are deducible from them: —

“1. The mortality attendant upon ovariectomy is no greater than it is after other capital operations.

“2. The mortality resulting from extensive incisions of the peritoneum is generally overestimated.

“3. Fully developed cystic disease of the ovary tends rapidly to a fatal result.

“4. No method of treatment heretofore devised for it, is so successful as extirpation; excepting, possibly, that by injection with iodine, of the results from which we have, as yet, insufficient statistics.

“5. The operation is unjustifiable in the early stages of the disease.

“6. After active development has commenced, with the supervention of constitutional symptoms, the sooner

the operation is performed the greater the chance of recovery.

"7. No rule can be laid down as to the length of the incision, other than the general one, — that, the shorter it is, the less the mortality; and that, therefore, the primary incision should always be small, and extended afterwards as may be necessary, according to the exigencies of each particular case.

"8. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration, and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions, and completion of the operation as originally designed.

"Although, from the statistics given, the conclusion has been formed, that, under given conditions, extirpation is the safest remedy which can be used for the radical cure of encysted ovarian tumors, it must be confessed that many elements to an entirely satisfactory decision are still wanting, — such as the natural history of the disease, uninfluenced by surgical treatment of any kind, and the results of tapping and spontaneous rupture, as shown by a larger number of cases than have yet been collected. As a contribution to this end, it was originally intended to append, in addition to the following section upon diagnosis, a table of some fifty cases each of tapping and spontaneous rupture, together with a considerable number of cases, resulting fatally, in which no surgical treatment was adopted; but other avocations have delayed the fulfilment of this design; and, as they are not called for by the question proposed, the idea is, for the present at least, abandoned, and this portion of the essay concluded in the words of Mr.

Walne,\* who, after recommending that the operation be undertaken only in well-selected cases, says, ‘Still less let me be supposed to advise that any surgeon should engage in its performance who has not, by habits of operating, — yet more by long habits of careful observation and treatment of disease generally, and by very considerate and studious examination of the nature and connections of this particular disease, and the tendencies of the viscera, which may be involved in mischief by an ill-judged operation, or ill-conducted after-treatment, — qualified himself to cope with difficulties, from which it is unreasonable to expect an exemption.’ Words of sound judgment, which are commended to the careful consideration of that numerous class of individuals who look upon ovariectomy as a very simple operation, requiring no particular surgical skill.”

From 1856 to 1864, there were no contributions on gynæcology. In the latter year, a paper was read by Dr. H. R. Storer, of Boston, upon “The Employment of Anæsthetics in Obstetric Medicine and Surgery,” in which an attempt was made to do what had never before been done, and that is, to explain the comparative rarity of deaths from chloroform in midwifery. It was referred to the Committee upon Publication, Drs. Putnam, Shattuck, and Morland, but containing, as it did, doctrine very unfashionable in Boston, namely, an endorsement of chloroform in midwifery in preference to sulphuric ether, the committee refused to permit it to be printed among the Medical Communications of the Society according to the usual custom, and it was subsequently published elsewhere.†

*(To be continued.)*

\* Ashwell on Diseases of Women, p. 666. † Boston Medical and Surgical Journal, 1863.



## EDITORIAL NOTES.

SINCE RESIGNING our chair at the Berkshire Medical College, some two or three years since, our advice has very frequently been asked by students, undecided whether to attend lectures at the Boston school, or to go elsewhere. The present is pre-eminently the student's month in this region, inasmuch as the courses are about commencing, and what we shall now say will undoubtedly decide the question for many young gentlemen anxious to spend the winter where they can obtain the greatest advantages for the fees they pay, and uncertain as to where such advantages are to be found.

In our last issue but one we alluded to the fact that in its facilities for gynæcological study, New York offers far greater inducements to students, young or old, than does Boston. There is there, not merely a boundless wealth of material, but also the opportunity to turn it to practical use. There are there, not merely wards, and even large hospitals, devoted to the medical and surgical diseases of women, but in the private practice of the generality of the profession, a truer appreciation of their frequency and importance. There are there, not merely experts of world-wide reputation, but they are recognized cheerfully as such by their fellows; their hands are upheld in their work, and in their success those about them take the same measure of pride as though it were their own.

This difference between the two cities, marked as it is in everything else, is owing to natural causes. We shall be told that their comparative size is of itself sufficient to explain the whole matter; such, however, is not the case. Boston has its general hospitals, as well

adapted for their purpose, and in the main as well officered for that purpose, as any in the land. It has a large population, very many of whom are foreign paupers; and it drains, moreover, medically speaking, the whole territory of New England. Its provision for the in and out door relief of the sick is generous, and the consultation-rooms of its public clinics are thronged with applicants for aid. A hundred cases properly studied, understood, and demonstrated, are better for the edification of learners than ten thousand hastily and imperfectly hurried over. For the beginner in gynæcology as for the beginner in chemistry, physiology, or indeed any branch of natural science, a small school, elementary to a certain extent in its instruction, ought to be better in some respects than the great colleges of the metropolis of the country.

But what collegiate instruction in the Diseases of Women has as yet ever been given in Boston? Even under the new regime of the last year, from which so much was to have been expected, from the boasting of those who worked the change, the Obstetrical Chair has remained, as it had always been, the exponent merely of midwifery as an art; in no way illustrating the splendid advances achieved in the sister and more important science of gynæcology since the days when Walter Channing made his professor's chair in Harvard University as respectable and as influential as were those of Jackson, Bigelow, and Warren, and in no way approaching, in its magnetic hold upon the class, that attained and held till the day of his resignation of it, by Channing's successor.

We have here no men, and we say it with all respect for our neighbors in the profession, who, as teachers of gynæcology, can compare with gentlemen in New York, and indeed in many other cities out of New England.

So far as didactic instruction is concerned, there is none, whatever, deserving that title offered to students; and, as regards clinical instruction, what little is afforded is given by men scouting the name and the very idea of specialism in this department, and who, excellent general practitioners as they undoubtedly are, and respected in their circles of influence, wider or more narrow as these may be, have never as yet won distinction for themselves as gynæcologists. Much would probably have been done by the late Dr. Francis C. Ropes, a graduate of the College of Surgeons of Edinburgh, had his life been spared. Interested as he was in this branch of his profession, and never too proud to seek for counsel when in doubt, we had many opportunities for testing his skill. We speak, moreover, with pleasure of the labors of Dr. Francis Minot, at the Massachusetts General Hospital, and of Drs. Reynolds and Sinclair at the City Hospital, — for they are doing much to break down the disbelief still so extensively obtaining here with regard to the kaleidoscopic variety of uterine disease, and indeed its very existence. The latter of the gentlemen named had, as a faithful and earnest pupil of Sir James Y. Simpson, and by his researches into the frequency, differential diagnosis, and rational treatment of pelvic cellulitis, fairly won the right to the Chair of Obstetrics in the University. It was a loss to the profession that it was not so bestowed, as it will be a gain to us all when the chair shall be divided, midwifery thrown into its proper position somewhat in the background, a course of lectures on gynæcology instituted, and their delivery entrusted to Dr. Sinclair.

A word as to the opportunities here possible, and as yet almost wholly unimproved, of clinical instruction in the diseases of woman. From statistics in our possession, gathered from official sources, it appears that there



were under medical treatment as invalids, at our various hospitals and public institutions, during the past year, not far from twenty-five thousand female patients,\* — and that there were at the various charitable institutions of the city, subject to constant or occasional medical supervision, some three or four thousand more.†

Of the whole mass of disease thus indicated, how large a proportion of it was probably properly diagnos-

<i>In patients (female).</i>		<i>Out patients (female).</i>	
* Massachusetts General Hospital,	465		2,926
City Hospital, . . . . .	885	Not stated, but probably at least	3,000
Carney Hospital, . . . . .	108		
City Lunatic Hospital, . . . . .	85		
St. Elizabeth's Hospital, . . . . .	127		
McLean Asylum for the Insane, . . . . .	144		
Eye and Ear Infirmary, . . . . .	160	. . . . .	2,000
Dispensary,		. . . . .	9,753
N. E. Hospital for Women, . . . . .	216	. . . . .	3,484
Channing Home, . . . . .	26		
House of the Good Samaritan, . . . . .	131		
St. Joseph's Home, . . . . .	136		
	<hr/> 2,483		<hr/> 21,163

† St. Vincent's Orphan Asylum, . . . . .	240
Blind Asylum, . . . . .	55
Female Moral Reform Society, . . . . .	358
Bethesda Society, . . . . .	48
Children and Females' Home (Roxbury), . . . . .	18
Home for Aged Colored Women, . . . . .	16
Home for Aged Females, . . . . .	111
Temporary Home for the Destitute, . . . . .	253
House of Correction, . . . . .	388
House of Industry, . . . . .	1,518
Almshouse, . . . . .	171
House of Reformation, . . . . .	33
	<hr/> 3,209

To the above list must be added the Female Orphan Asylum, a large and successful institution, the Idiot School, Little Wanderers' Home, Roxbury (Boston Highland District) Dispensary, House of The Good Shepherd, the City Jail, and other institutions of which no report for the year was made, or whose statistics were but imperfectly made up, — all of them containing or aiding a greater or less number of invalid females. It will be perceived that the gross amount of gynæcological material, eleemosynary in its care, and therefore to a certain extent available for the purpose of instruction, has been probably understated in our numerical estimate.

ticated, and how much properly treated? The scoffs that are here so current concerning gynæcology and those most interested in its scientific development, are a sufficient answer to these questions.

So great has been the gynæcological interest excited in other sections of the country of late years, that New England has been forced, willingly or unwillingly, into the current. An appreciation of the importance of pelvic disease in women is here awakening which can never again be annulled; for every physician convinced of his previous lukewarmness, carelessness, or ignorance, becomes an apostle, and, like all converts, an earnest one, of the new doctrine. What is now sought is the opportunity for intelligent clinical instruction, and a better generalization and a wiser differential classification of uterine disease than can be found in the books.

When asked by physicians or students, as we are so constantly, by letter or otherwise, whether Boston affords anything like the instruction in this department, that it so blatantly proclaims has been provided for every other special study, we are compelled to answer in the negative. We believe, however, that the influence of the Gynæcological Society, already making itself felt in more than one responsible quarter, will soon be sufficient to effect the required change.

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A NEW INTEREST was given to what is known as the Ether Controversy, by the death of Dr. Morton, following so soon upon the inauguration of the monument commemorating that great discovery in which he played so prominent a part. It is to be regretted that the quarrel between this gentleman and Dr. Jackson was ever

allowed by their friends to assume a public character, and that partisans, by detracting from the just claims of both, should have caused to each of them so much unhappiness. Little doubt now exists that while Dr. Jackson was aware of the fact that the inhalation of sulphuric ether produced insensibility to pain, he had failed to appreciate the value of the discovery, and that it would in all probability have never been communicated to the world had it not been for Dr. Morton, to whom accordingly we owe a debt that could never have been repaid.

There is an important point in the history of anæsthesia that seems hitherto to have generally escaped notice. It is the fact that after the idea of etherization had been conceived by Jackson, and had been brought forth by Morton, it would have perished in its infancy, had it not been for the faith, zeal, and effective persistence of another, to whom as much credit and as much gratitude in reality belong as to either of those hitherto alone identified with the discovery.

Jackson's four years' silence would have remained a life-long one; Morton's enthusiasm, hampered by the very natural conservatism of the medical profession, had succeeded in procuring the application of anæsthesia to a few cases of minor surgery. Now came the crucial experiment, the amputation of a thigh at the Massachusetts General Hospital,—the first capital operation in which ether was ever employed. The elder Warren had given but a half-willing, passive consent; his son had withheld a positive expression of opinion; while Hayward, by decidedly objecting to the experiment, had thrown his great influence adversely into the scale. Everything depended upon the verdict of this surgical staff; had it been unfavorable, there is probably not an operator, in public or private practice, who would have



ventured thereafter to have given ether in a serious case. But the man for the emergency was not wanting. By his courage and decision he brought it to pass that the ether was administered to Alice Mohan, and under its influence her limb removed, and from this moment it was that anæsthesia passed into general use. It is not to the host of surgeons that have since then employed ether that the credit of its introduction is due, for each of these contributed but an infinitesimal fraction towards the end attained. The third man in the discovery, equal in his part to Jackson and Morton, was Dr. Henry J. Bigelow, who was so appropriately selected to transfer to the city authorities the beautiful monument upon the Public Garden.

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IN OUR LAST ISSUE we took occasion to enter the lists in favor of the rights of medical men as against the coercive action of an organized and oppressive tyranny. Our remarks were reprinted from the Journal, and widely circulated, with, as we have reason to believe, already the happiest results. *Fiat justitia, ruat cælum*; these are words very suggestive both to evil-doers and to the court before whom they are made to stand.

At the present moment we join ourselves heartily, and with all our influence, such as it may be, to the little corps of justice-seekers who have been for many years striving, thus far ineffectually, to break down the barriers built between themselves, the medical officers of the Navy, and the so-called line, by the most outrageous superciliousness, arrogance, and selfishness on the part of the latter.

We do not require to measure our words. One of

our own number was for years in the naval service, and speaks from personal experience; another of us has participated in the discussions upon the subject at more than one meeting of the American Medical Association, and has looked carefully into its merits; and the third adds an experience of observing the turmoil, so far as years are concerned, equal to those of both the others of us put together. In the expression of opinion now made we agree.

Every one knows, that is to say, every physician, for the medical journals have long been agitating the wrongs of our brethren, that government denies to the so-called staff, or technical non-combatants, very many important privileges freely granted to, or rather claimed as their right by, the officers of the line, the self-styled fighting men; and that while the rawest midshipman, if opportunity only offer, may rapidly carve his way to the highest rank in the service, the most venerable fleet-surgeon, his great-grandfather in years perhaps, must stop, and remain, at practically the lubber-hole.

This fact has been annoying enough, not merely to the surgeons most directly interested, but to all others who have the welfare of the profession at heart; but it needed a flagrant instance of the daily injustice practised to be made known before the common heart should be fired. Such has now taken place. Surgeon Green, of the Gulf Squadron, a gentleman of excellent standing in his profession, had the manliness to refuse to report for duty a disabled seaman, although ordered to do so by the commander of the vessel. For this faithfulness upon his part to himself and to his profession, he has been tried for disobedience to orders, convicted thereof, and disgraced by the sentence of two years' suspension from active duty. The partial remission by the Secretary of the Navy of the sentence

imposed by the court takes nothing from the facts of the case. They stand before us in all their nakedness.

So great a storm has now arisen that Admiral Porter with all his immense influence, will find himself powerless before it. The combined and organized action of the surgeons of the Navy is already bringing a force to bear upon the members of the coming Congress, which will compel them to look the question fairly in the face, and there can be no doubt that justice will eventually be done with no other celestial fall than that of Linear pride. Admiral Porter and his companions are at bottom honorable men, and years hence they will look back upon their present attitude with feelings of shame. Not one of them, if placed in the position of their surgeons, but would indignantly protest, or leave the service.

The late exhaustive publication upon the part of the staff, by one of their own number,\* gives in detail the grievances under which they have labored. Surgeon Ruschenberger's resumé,† which has appeared just as these pages are going to press, places the matter still more distinctly before us. We need not add one word. The only matter of surprise is, that in view of the fact that their own lives, from sickness or from wound, are constantly liable to be in the hands of their medical officer, these martinets of the line have dared to pursue a course so suicidal to their own best interests. Very strangely, some of the best-educated and most skilful men in our profession still remain in the naval service. Who could have blamed them had they all, long ago, resigned it in disgust, and left their places to be filled

\* The Principles of Naval Staff Rank, and its History in the United States Navy for over Half a Century. By a Surgeon in the U. S. Navy. 8vo., pp. 240. 1869.

† American Journal of the Medical Sciences, Oct., 1869, p. 514.



by hirelings, to whom the life of an Admiral, or even of a Secretary of the Navy, should he happen to be caught on ship-board, would be of no more account than that of a dog.

The fact that Surgeon Ninian Pinkney, so long the mouthpiece of the suffering many, allowed himself to be silenced by the gift from Admiral Porter of a trip to Europe, as delegate, "in full uniform," to divers medical societies,—to reach the session of one at least of which he arrived too late, — was no sign of a general submission. Surgeon Ruschenberger shows that this is far from being the case.

Surgeon Wood, the present efficient head of the Naval Bureau of Medicine and Surgery, thus eloquently sums up the plaint of his comrades, in the Report upon the Rank of the Naval Medical Staff, presented to the American Medical Association, at its meeting at Cincinnati, in 1867. It was endorsed by the Association, and presented, in its name, to the President of the United States and the Secretary of the Navy, in that year, by a committee consisting of Drs. Davis, of Illinois, Toner, of the District of Columbia, Gross, of Pennsylvania, Cockrill, of Maryland, and Askew, of Delaware, representing the profession at large.

"We respectfully suggest," says Surgeon Wood, "that, however undesigned, the present condition of our profession in the United States Navy is inconsistent with the respectability that should ever rank a profession which, in point of intelligence, usefulness, and moral elevation, is second to no other, however exalted that other may be. We regard it as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment. We regard it as offensive to personal self-respect, which no class of men should be required to forfeit. It is condemned by com-

mon sense, common decency, common justice, and is as repulsive to the feelings of the most distinguished of our naval service as it is to ourselves. Does it find more favor with you? Does it excite less indignation in you? Will it be less emphatically resisted by you than by us? The whole power and influence of the profession should be brought to bear, and, if earnestly exerted, the wrongs we complain of will be redressed, our honor vindicated, while the just rights of the line officers will be in no sense invaded.”\*

The New York Medical Gazette, which, to our mind, excels every other journal in the country in the pithiness, good sense, and point of its editorials, closes a late article by the following language, which we suggest should be considered the unanimous reply of the profession to the appeal of the medical officers of the Navy, through Surgeon Wood. “To those members of our honorable profession,” write Drs. Carroll and Peters,† “whose lot is already irrevocably cast in a sphere where things like Surgeon Green’s conviction are possible, we can only tender our sympathy and heartfelt aid in prosecuting their just demands for a reform; of those about to enter upon a professional career, we trust that none, with such a precedent before them, will be induced to serve in our Navy until that reform is effected, and the medical staff placed upon its proper footing, and clothed with its proper prerogatives.”

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THE POINTS AT ISSUE between the American Medical Profession, and the State Society of Massachusetts, to which we called attention last month, have been re-

\* Transactions of the American Medical Association, vol. xxiii. 1867, p. 294.

† N. Y. Medical Gazette, Oct. 9, 1869, p. 222.

ferred by the councillors of that Society to a committee specially appointed for the purpose, consisting of Drs. Ellis, of Boston (Dean of the Medical Faculty of Harvard University), Wellington, of Cambridge, and Hunt, of Danvers. So far, this is all that we expected or desired. As to the action finally to be taken by the Society regarding each of the matters before it, we have not the slightest doubt. The unfair advantage granted to Harvard College, with reference to the unchallengeable admission of its graduates, must be rescinded, and the unwarrantable rejection of the applicant from St. Louis must be atoned for by an apology from those who officially exceeded their duty. Any attempt upon the part of those now in power to evade these issues will prove alike futile and to their own detriment, for we are determined to leave no stone unturned until the gross injustice has been righted.

As to the action of Harvard College in the matter, it was certainly in excessively ill taste, however shrewdly engineered it may have been, for its dean to have been elected chairman of the committee, and for him to have accepted the position. Inasmuch, however, as it was stated by one of the College Faculty, Dr. J. B. S. Jackson, during the debate upon the main question at the annual meeting of the Massachusetts Medical Society in June, that he agreed with us as to the propriety of abrogating the unjust privilege of the college, and that he thought that in this he but echoed in advance the opinion of his colleagues, there is reason to expect an early settlement of the question. Delays are dangerous, the more so to those who have most to lose. The college cannot afford to remain, as we have shown that it is at present, in a hostile attitude to all other similar institutions in the country.



MUCH SATISFACTION will be felt outside this city, at the arrest of Mr. Campbell's self-chosen representative, who now lies safely housed in jail. The list of would-be subscribers to our Journal, found upon his person, confirms the estimate we ventured last month of the extent to which his operations were carried.

Equal pleasure will be felt by our friends, particularly here at home, to learn that the Journal of the Society is proving pecuniarily a success. The first few months of the existence of a periodical, like that of a child, are usually its most precarious ones, that is, supposing it to be endowed with an ordinary degree of vitality. There are those here who have been volunteering the opinion, indeed sedulously circulating it, that our publisher would prove a few thousands out of pocket, even at the outset of the undertaking. These gentlemen will, of course, rejoice with us that the end of the first quarter shows a balance in favor of the Journal, and this although neither any extended advertising nor canvassing have as yet been resorted to.

# THE JOURNAL

OF THE

## GYNÆCOLOGICAL SOCIETY OF BOSTON.

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VOL. I.]

DECEMBER, 1869.

[No. 6.

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### PROCEEDINGS OF THE SOCIETY.

*[Reported by Horatio R. Storer, Secretary.]*

ELEVENTH REGULAR MEETING, JUNE 1, 1869.

THE eleventh regular meeting of the Society was held on the 1st June, at 7½ o'clock, the President in the chair. Present, Drs. Lewis, Warner, Dutton, Field, Bixby, Perkins, Storer, and Pinkham, of Lynn, Corresponding Member; and, by invitation, Drs. S. D. Weston, of Bolster's Mills, Me.; B. F. Beardsley, of Coventry, N. Y.; F. W. Goodall, of Greensboro', Vt.; J. H. Wheeler, of Dover, N. H.; W. M. James, of Whitesboro', N. Y.; R. S. Hunt, of Brookville, Pa.; Wm. L. Coe, of Morrison, Ill.; T. B. Harvey, of Indianapolis, Ind.; E. A. Deane, of Montague, Mass., and F. H. Brown, of Boston.

The records of the last meeting were read and accepted.

Dr. Dutton stated that he wished to correct any misapprehension that might have existed in the minds of the members in consequence of an expression he had used when reporting the case of removal of uterine polypus, at the last meeting. The Secretary had recorded the facts as they in reality existed, but he

desired himself to state that Dr. Warner had correctly diagnosticated the case when called in consultation, and had spoken of inversion only as a condition with which the tumor might have been confounded, if but imperfectly examined.

The Secretary read the letters he had received since the last meeting. They were from Drs. Charles West, of London; Isaac E. Taylor, of New York; Charles A. Pope, of St. Louis, now in Paris; and Isaac Ray, of Philadelphia, Honorary Members; and Drs. R. W. McKeagney, of Halifax, N. S.; Geo. B. Twitchell, of Keene, N. H.; E. F. Upham, of West Randolph, Vt.; H. D. Holton, of Brattleboro', Vt.; O. F. Bigelow, of Amherst, Mass.; F. K. Paddock, of Pittsfield; E. P. Abbe, of New Bedford; T. G. Potter, of Providence, R. I.; J. P. Gray, of Utica, N. Y.; Wm. A. Hammond, L. A. Sayre, and J. H. Griscom, of New York City; J. C. Hupp, of Wheeling, Va.; A. B. Palmer, of Ann Arbor, Mich.; R. S. Conner and Geo. Mendenhall, of Cincinnati, Ohio; G. M. B. Maughs, of St. Louis; Harvey Lindsley, and J. J. Woodward, of Washington; C. H. Mastin, of Mobile, and T. M. Logan, of Sacramento, Corresponding Members, and E. A. Perkins, of Boston, Active Member, severally acknowledging their election to the Society. He also read a communication from the Trustees of the New York State Library, thanking the Society for a copy of its Constitution and By-Laws. The collection of photographs had been enriched by those of Drs. Taylor, Ray, Pope, Bigelow, McKeagney, Logan, Gray, Hammond, Abbe, Mastin, Mendenhall, Griscom, Hupp, Conner and Maughs, Honorary and Corresponding Members; while to the Library there had been donated the following books and pamphlets: "The Medical History of California for 1868," by Dr. Logan, of Sacramento,



its author; "The Pacific Medical and Surgical Journal" for September, 1868, and March, 1869, containing papers by himself, also from Dr. Logan; Dr. I. E. Taylor's "Monograph on Placenta Prævia," from its author; and from Dr. Maughs, of St. Louis, his papers upon "The Use and Abuse of the Obstetrical Forceps," and on Menstruation.

The donation of a pamphlet case from Dr. Bixby was also announced.

Dr. Storer exhibited a

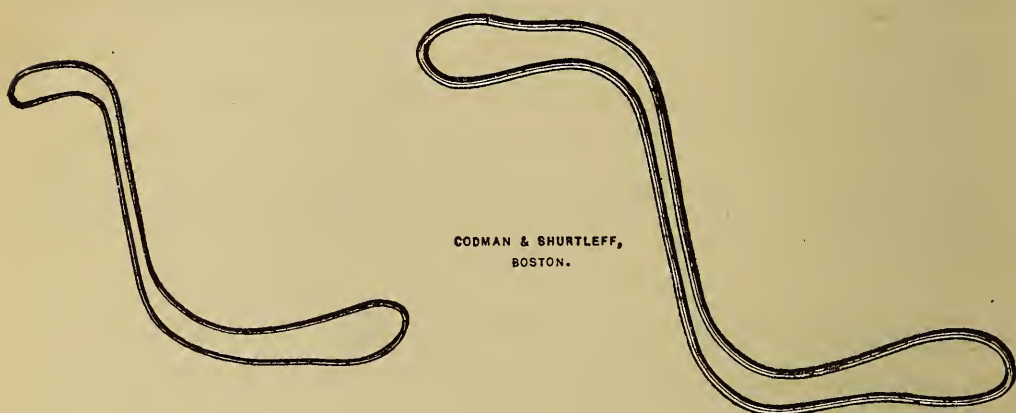
PORTABLE GAS FURNACE FOR HEATING CAUTERIZING  
IRONS,

manufactured for him by W. F. Shaw, of Boston. It was often difficult, and at certain seasons of the year almost impossible, to apply the actual cautery to the cervix uteri at private houses, for want of a suitable furnace for heating the irons. Dr. Storer had many years ago seen so much benefit from the actual cautery in Paris, at the hands of the late Jobert de Lamballe, in softening down indurations, and lessening hypertrophies, as well as for checking hemorrhage, that he had ever since frequently resorted to the iron for those indications. The furnace exhibited, he had now used for some three years. He had had it constructed for the Franciscan Hospital, but took it about with him, when required, from house to house. As would be seen, it is very small, cheap, compact, easily taken to pieces and transported, quickly attached by flexible tubing to the ordinary fish-tail gas-burner, and will in a very short space of time bring quite large-sized irons to the white heat.

Dr. Brown called the attention of the Society to a new and very ingenious form of

## VAGINAL RETRACTOR,

devised by himself and Dr. Waterman, specimens of which, of different sizes, he exhibited. The instruments are in reality skeletons, being constructed of simply a loop of stout wire, joined by hard solder.



They are cheap, light, easily made, sufficiently flexible to be elongated and bent into any shape, but sufficiently resilient to retain this shape under ordinary pressure. It was thus possible to attain greater room for manipulation during operations, and to make more careful exploratory examinations for diagnosis. They allowed the tissues to bulge up into the fenestræ of the instrument, — an evident advantage where incision of an abscess or cauterization of an ulcer was indicated, and permitted an assistant to keep the instrument just where it was required. Singly they could be used as a perineal or lateral retractor, while two of them combined made a very fair bivalve speculum.

Dr. Harvey pointed out the excellence of Dr. Brown's retractor in the case of vesico-vaginal fistula.

Dr. Storer also spoke favorably of the instrument. He had himself endeavored to furnish a more sat-

isfactory retracting and expanding speculum than those usually employed, but was always glad to welcome any improvements.

Dr. Bixby exhibited a section of the polypus presented to the Society by Dr. Dutton. It was kidney-shaped and evinced all the gross appearances of colloid cancer, without however cancer cells being detected. A deposit of fibrous tissue existed in one portion of it, the size of a walnut, which was nucleated, as in the tumor exhibited at the fifth meeting of the Society, which had been removed by Dr. Storer from the cavity of the uterus. In another portion of Dr. Dutton's specimen there was a pocket, filled with semi-fluid, dark-brown, grumous blood, evidently long effused.

Dr. Bixby also reported upon the specimen of retained placenta submitted to him at the last meeting for examination, the case having been related by Dr. Sullivan. So far as could be determined, it was one of adipocere, the change occurring to the placenta in utero. It would be perceived that, upon exposure to a flame, combustion occurred with considerable brilliancy.

Dr. Storer called attention to the fact that the present was the fourth case of retained placenta reported to the Society during the last two months.

Dr. Pinkham remarked that he had in his possession a specimen much resembling that of Dr. Sullivan, which he would endeavor to bring at a future meeting.

Dr. Goodall reported still another similar case, there having been the

#### PLACENTA RETAINED FOR SIX MONTHS AFTER AN ABORTION.

Patient aged forty-five. Had had two children. Became again pregnant, and at three months had several



teeth extracted, and on the same day injured herself by jumping from a carriage. Abortion occurred that night, with considerable flowing. The abdomen continued enlarged, and at the end of the full term of gestation, uterine contractions with hemorrhage occurred, resulting in the expulsion of a mass of placental tissue. The sound entered the uterus for four and a half inches, and there was milk in the breasts, which was discussed with difficulty.

Dr. Field exhibited a specimen of oxalate of iron, referred to by him in the communication presented at the last meeting.

Dr. Storer read the first paper in a series contemplated by him, as

AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY,

the present communication embodying an account of what has been effected towards the development of the science by the Massachusetts Medical Society since its organization in 1781.

[This paper was printed in the Journal of the Society for August and November, 1869.]

Nominations having been made, the Society  
Adjourned.

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TWELFTH REGULAR MEETING, JUNE 15, 1869.

The twelfth regular meeting of the Society was held at the Hotel Pelham, on the evening of June 15th; in the absence of the President, Dr. Wheeler in the chair. Present, Drs. Wheeler, Field, Warner, Sullivan, Bixby, and H. R. Storer, and, by invitation, Drs. Nathan Mayer, of Hartford, Ct., and J. F. Gould, Geo. P. Greeley, and John Hart, of Boston.

The Records of the last meeting were read and accepted.

The Secretary read letters, in acknowledgment of their election to the Society, from Drs. J. H. Bennet, of London, and D. F. Condie, of Philadelphia, Honorary Members, and Drs. Simon Thomas, of Leyden; A. Breisky, of Berne, Switzerland; J. Matthews Duncan, of Edinburgh; G. E. Brickett, of Augusta, Me.; D. S. Prescott, of Laconia, N. H.; A. W. Thompson, of Northampton, Mass.; B. H. Catlin, of West Meriden, Ct.; S. G. Hubbard, of New Haven; J. N. Stiles, of Windsor, Vt.; J. H. Armsby, of Albany, N. Y.; G. J. Fisher, of Sing Sing, N. Y.; Hiram Corliss, of Greenwich, N. Y.; R. A. F. Penrose and S. W. Butler, of Philadelphia; E. W. Jenks, of Detroit; D. W. Brickell, of New Orleans, and John Scott, of San Francisco, Corresponding Members. He also read a letter from Prof. Armsby, of Albany, announcing the impending decease of a Corresponding Member of the Society, Prof. Alden March. A communication from Dr. A. K. Gardner, of New York, stating certain disabilities under which he had been placed by the New York Academy of Medicine, which might prevent the Society from still considering him eligible, as they had done, to membership, was referred to a Committee, consisting of Drs. Bixby, Sullivan, and Wheeler. The Secretary exhibited photographs of Drs. Duncan, Penrose, Fisher, Brickell, Thompson, and Scott, Corresponding Members, and announced the following donations to the Library:—

His monograph upon Face Presentations, from Prof. Breisky, of Switzerland; from Prof. Thomas, of Holland, papers upon his Obstetrical Clinic, Multilocular Cysts of the Ovary, Turning by the Knee, Transfusion of Blood, and Obstetrical Examinations of Midwives;

from Dr. Butler, of Philadelphia, the Half-Yearly Compendium of Medical Science, for January and July, 1868, and for January, 1869; and from Dr. Bixby, Buchting's *Bibliotheca Gynæcologica et Obstetrica*, for the years 1847 to 1866.

The Committee upon Membership having reported favorably, the gentlemen nominated at the last meeting were balloted for, and elected.

The Secretary presented an interesting communication from Prof. Breisky, of Berne, upon

#### THE NORMAL POSITION OF THE FEMALE PELVIC ORGANS.

[This paper was published in the Journal of the Society, for August, 1869.]

It was illustrated by an original stereoscopic photograph, taken from a section of the pelvic organs in a virgin, that had previously been hardened by the process of Kohlrausch.

Dr. Field spoke of the paper lately published by Prof. Panas, of Paris, upon the normal position of the uterus, and of the obvious difficulties attending the elucidation of the problem.

Dr. Storer remarked that if commentators would only bear in mind the position of the planes of the brim and cavity of the pelvis relatively to the axis of the spinal column, there would not be so much hesitation in admitting the normal antero-posterior inclination of the uterus. He was himself surprised at the shape and relative size of the uterus in Dr. Breisky's plate, and were it not for that gentleman's well-known accuracy as an observer, he should certainly have thought that the subject must have been a multipara instead of virginal.

Dr. Bixby presented translations of a paper by Dr.



Wietersheim, of Nordhausen, upon the removal of Vaginal Polypi; and of another by Dr. Horwitz, of St. Petersburg, upon

#### UTERINE FIBROIDS COMPLICATING GESTATION.

[This paper was published in the October number of the Journal.]

Dr. Storer considered Dr. Horwitz' paper of very great importance. He was not, however, inclined to accept the explanation there given of death from septic absorption. He did not believe this theory to be correct, although so generally held. The fatal result is very frequently from embolism. Were it not so, purulent absorption would very often take place from the placental site, which is in reality identical with an open wound upon the external surface of the body, merely allowing for the partial exclusion from the air. Dr. Storer was surprised that Dr. Horwitz, when speaking of the difficulty of applying the ecraseur after involution had commenced, made no allusion to the possibility of reopening the os by sponge tents, or Barnes' dilators.

He called attention to the remarkable identity of two of Dr. Wietersheim's cases with a couple lately reported to the Society. The first of Dr. W.'s resembled that of Dr. Dutton, and his second that of Dr. O'Connell.

Dr. Field, with reference to

#### PURULENT ABSORPTION,

or resorption, quoted a remark of Trousseau, who does not attempt to explain the *modus operandi*, other than as resulting from a peculiarly morbid condition of the system. Dr. F. considered this of interest with regard to the therapeutic indications, Trousseau treating pyæ-

mia and septicæmia by the balsams, reasoning by analogy from their effect in external abscesses.

Dr. Bixby called attention to the fact that one of the most eminent gynæcologists of the day, Prof. Seyfert, of Prague, does not at all believe in purulent absorption, considering that what is so called is but the result of anæmia or other impoverished or vitiated conditions of the blood. His treatment consisted, as would seem curiously enough, in producing diarrhœa, he having a custom of marking the number of fæcal discharges occurring in the twenty-four hours, upon the legs of the bed. Dr. B. had frequently seen cases where a small number of discharges thus marked were attended with severe febrile symptoms, etc., while a greatly increased number of chalk marks attended a much more favorable condition. Prof. Seyfert is always alarmed at hemorrhage, whether occurring in labor or not, for fear of the resulting anæmia and consequent toxæmia.

Dr. Wheeler had often seen a fatal result in patients evidently not anæmic.

Dr. Bixby had more commonly seen it in patients exhausted by hemorrhage.

Dr. Storer supposed, although it was not distinctly stated by Dr. Bixby, that the purgatives were given by Prof. Seyfert to induce a drain from the blood in toxæmia, just as Simpson endeavored to get the same effect by acting upon the kidneys with muriate of iron.

Dr. Mayer, of Hartford, another of Prof. Seyfert's pupils, had been greatly impressed by his views and practice, more especially in consequence of observations he had himself been able to institute at Munich, during an epidemic of puerperal fever, where purulent deposits were found under circumstances disproving purulent absorption.

Dr. Storer had no doubt that in many cases of so-called

purulent absorption, the opinion had arisen from errors of microscopical observation, the colorless corpuscles of leucocythemia having been mistaken for pus.

Dr. Wheeler referred to the importance of the discussion, and hoped members would speak freely of their experience.

Dr. Gould mentioned the beneficial effect of copaiba in many cases of purulent discharge.

Dr. Warner stated that he had seen much benefit from the use of a terebinthinate emulsion.

Dr. Gould remarked that he thought he had seen a decidedly increased tendency to suppuration when ergot had been employed.

Dr. Field presumed that it was in consequence of its effect as above described that the efficacy of turpentine in typhoid fever existed.

Dr. Bixby had seen the same beneficial effect result from turpentine in cholera infantum, and he supposed for the same reason.

Dr. Warner knew of no remedy that answered so many valuable indications.

Nominations were made and referred to the Committee on Membership.

On motion of Dr. Storer, it was voted that the meetings of the Society be held at 3 P. M., during the summer months.

Adjourned.

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SECOND SPECIAL MEETING, JUNE 1, 1869.

At the tenth regular meeting of the Society, held on May 18th, it was voted to hold special meetings during the continuance of Dr. Storer's private course of lectures to physicians upon the Surgical Diseases of



Women, in order for the members better afterwards to understand each other's views upon the subjects discussed.

In accordance with the above vote, the second special meeting of the Society, the first having been on April 9, to hear the communication of Dr. Lemercier upon the Physiology of Reproduction, was held on the afternoon of June 1st, at Hotel Pelham; the President, Dr. Lewis, in the chair. Besides the members of the Society, there were present Drs. S. D. Weston, of Bolster's Mills, Me., James H. Wheeler, of Dover, N.H., Charles Dutton, of Tyngsboro, Mass., F. W. Goodall, of Greensboro, Vt., W. M. James, of Whitesboro, N. Y., B. F. Beardsley, of Coventry, N. Y., R. S. Hunt, of Brookville, Pa., Wm. L. Coe, of Morrison, Ill., T. B. Harvey, of Indianapolis, Ind., Prof. of Gynæcology in the Indiana Medical College, J. D. Mitchell, of Jacksonville, Fla., and R. F. Andrews, of Mendocino, Cal.,—the gentlemen composing Dr. Storer's class.

The meeting was called to order by the President, who briefly spoke of the importance to every physician of a better knowledge of gynæcology than was generally possessed, and alluded to the fact that little or no systematic instruction in this science had as yet ever been afforded at our medical colleges. The work undertaken three years since by Dr. Storer, to furnish to men in active practice a knowledge that they could nowhere else obtain, was no longer an experiment; it was a most gratifying success. Not only were his classes attended more largely than could have been expected, but by physicians of the very highest standing in the profession, and this in the face of the most underhanded attempts to prevent attendance from a distance, on the part of some of his own townsmen. It was the opinion of gentlemen, competent to judge from experience,

that no course of lectures upon this subject, so thorough, practical, systematic, and well illustrated as these, had ever been given elsewhere, even in Europe. This fact would prove a matter of pride to the Society as it was to himself, as its President. Dr. Lewis concluded by cordially welcoming the strangers present to the hospitalities of Boston.

Dr. Storer then proceeded to unfold the plan of his course. He should endeavor to be strictly practical, faithful, and comprehensive. It would be found that though confining himself to the Surgical Diseases of Women, and omitting everything of a preliminary character, — for he was lecturing not to raw students, but to trained physicians, many of whom were older than himself, — this course of twelve lectures, and these averaging nearly two hours each, would be far too short to permit him to give more than a brief outline of his subject. He should aim, however, so to fill his hearers' minds with suggestions, many of which they would find in no published works, but had been the fruit of his own experience, acquired by toil and trouble, that in their after-practice many cases heretofore obscure to them would become clear. The course would be illustrated by the most perfect series of diagrams probably as yet in existence, a portion of them taken from living subjects, and it would afford him pleasure if the class would question him freely upon any of the very many points he should be forced to but briefly allude to.

He should speak in turn of the Surgical Diseases of the rectum, urethra and bladder, vulva and vagina, uterus, ovaries, pelvic cellular tissue, sacrum, coccyx and mammæ, and incidentally of many of those reflex irritations of distant organs, which, if but imperfectly appreciated, so frequently give rise to errors of diagnosis, and he should endeavor, before the course was ended,

to discuss the general topic of sterility, solely however in its therapeutic relations.

In the present lecture he should present certain matters fundamental to a correct appreciation of pelvic surgery.

The frequency of uterine disease is greater than is often supposed. As to its frequency now, as compared to former times, there are causes at work lessening and causes increasing its prevalence. There can be no doubt that these lesions have always existed since the first creation of woman. Their actual severity and importance to the individual, and in her relations to the family and to society, are also under-estimated. It is not understood, as it should be, that the uterus has as it were a life of its own, affecting and affected by that of the person who carries it. Accordingly the most faulty physiological, pathological, and therapeutic views upon its diseases have been broached, and some of them still obtain. The so-called spinal irritation, uterine inflammation and ulceration, hysteria, anæmia, and general debility, in many cases are but terms expressive of the most profound ignorance. Partly in consequence and partly in cause of this has been the great tendency to errors of diagnosis, especially when differential. As a direct result of the facts referred to, many writers and practitioners have been but the merest hobbyists, wedded to some favorite theory, and accordingly altogether one-sided in the application of their views to practice. One author, for instance, upholds the frequent use of pessaries, and another decries them; one sees in ovarian inflammation the key to every female malady, another finds only irritation. One explains displacements as the result of other uterine disease; another finds in them its cause.

It should be recollected that the most distant symp-



toms are often the result of pelvic disease, sometimes directly, but often through the influence of reflex nervous irritation. When this fact is not borne in mind, the most grievous errors in treatment may result. As a consequence of this non-appreciation of localizing an actual cause, every variety of empiricism had resulted. An exaggeration of or practical disbelief in the diseases existing; treatment upon purely mechanical principles, or by exaggerated muscular movement, or by over-sudation, or by over-stimulating the kidneys and intestinal canal; by mineral waters, or, what was often worse, by the inevitable speculum and caustic.

Pelvic surgery had suffered great neglect at the hands of professed surgeons. Often, indeed, it had received their open contempt. The great advances in gynæcology had, however, not been made by them. The dilatation of the cervical canal by tents, and its incision when necessary, the removal of ovarian cysts, the closure of vesico-vaginal fistulæ, — these were triumphs achieved by the special worker, and this was true, moreover, of the introduction into practice of metallic sutures, and of acupressure, and of the great advances made in our knowledge of the causation, true character, and proper treatment of surgical fever.

Dr. Storer then proceeded to a discussion of these latter points, a clear knowledge of which he considered necessary to the successful conduct of surgical cases. The identity of erysipelas with certain forms of peritonitis, and the predisposing causes thereto; the frequency and causation of embolism; the importance of, and best methods of securing, primary union of wounds; the value of prophylaxis; the necessity of guarding beforehand against surgical accidents during or after an operation; the avoidance by proper measures of primary and secondary hemorrhage and their treatment when

occurring; and the same with regard to primary and latent shock, peritonitis, and septicæmia, — all of these topics were in turn considered.

At the close of the lecture an opportunity was given for gentlemen to freely ask questions and express their own views upon the subjects presented, and the privilege was very generally availed of.

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## GOLDEN RULES FOR THE TREATMENT OF OVARIAN DISEASE.

BY HORATIO R. STORER.

[*Read before the Society, and formally endorsed thereby, March 2, 1869.*]

1. Be careful in the diagnosis, recollecting that no man lives who can differentiate an abdominal tumor with perfect accuracy.

2. Support rather than depress the vital powers;

Avoiding drugs, as no specific exists for the resolution of ovarian cysts, the so-called cases of cure by chlorate of potash, etc., having been probably errors of diagnosis.

3. Never tap, —

If there is the slightest chance of the tumor being ovarian. When the canula is withdrawn, no matter with what care, there is a leakage of fluid into the peritoneal cavity, and in consequence more or less inflammatory action, causing adhesions. In cases of doubt, and all cases are such, an exploratory incision will settle the diagnosis, without much increase of danger.

4. Do not long delay exploratory section after suspicions are awakened.

Delays are here most dangerous. Cystic disease

kills on the average within three years from its commencement, and it is frequently not recognized till a moiety of this time has passed. So small a proportion of cases are arrested spontaneously or by accident, that practically they cannot count. Recollect that waiting proportionately lessens the chance of success in operating.

5. If exploratory section reveals a cystic ovary, remove it at once.

The smaller the tumor, the slighter the operation, the less likelihood of adhesions and of shock, and the greater the power of reaction.

6. Precede an operation by several weeks of prophylaxis.

7. Perform removal in accordance with science and common sense, varying its details to meet the exigencies of the individual case, —

Recollecting that for every procedure of surgery there should be some good reason, beyond the dictum of this, that, or the other operator;

That, for instance, silk ligatures and sutures are in themselves irritating, and tend to prevent the closure of a wound by primary intention, which should here be sought;

That the actual cautery to the stump of an ovarian ligament is likely, as elsewhere, to produce a slough, with after adhesions, — if to intestine, endangering fatal strangulation;

That an external clamp, though far better than an ordinary ligature brought through the wound, fulfils certain indications that can otherwise be as well or better obtained, and that by its use a serous surface is expected to knit to a muscular, fibrous, and integumental one, which is not always easy to accomplish.

Recollect, moreover, that primary and secondary



hemorrhage can now, by proper measures, be prevented, that shock can be guarded against, and that the risk of peritonitis and septicæmia, while depending partly upon after care, will in a great measure be decided by the good judgment of the surgeon in selecting his method of operating.

8. Disregard abdominal adhesions, even if firm.

Oftentimes cases that seem the most unpromising do admirably; and where it is impossible to remove a tumor because of adhesions, the cyst could hardly have collapsed if tapped, and the patient would probably so have died.

9. If a bad convalescence, do not despair, no matter how ill the patient.

A free diet, an appeal to the skin and the kidneys, patience and careful watching, are pretty sure to win, provided the surgeon has not vaccinated the woman with erysipelas from another patient, or with septicæmia, by tying little sloughs into the wound or peritoneal cavity, or by allowing clots to remain and putrefy therein, and that he has not knotted one loop of intestine upon another by careless manipulation.

10. The surgeon should not refuse to operate even in an apparently unfavorable case.

To decline operating lest one should thereby injure his reputation is not only very selfish, but very unwise. The worst cases often do the best. Says Mr. Spencer Wells: \* "I have operated lately, and shall soon be driven to again, in very unfavorable cases,—cases almost hopeless,—by the feeling that it is impossible to resist the prayer of a dying woman to try and save her life ;" and the experience of this surgeon during the past year has been five lives saved out of every six cases undertaken. Without ovariectomy every one of these

\* *Medical Times and Gazette*, November, 1868.

women would have died ; and yet some physicians still *dare* to persuade their patients that the operation is more dangerous than its non-performance.

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## THE PATHOLOGICAL SYMPATHIES OF THE UTERUS.

BY V. A. TALIAFERRO, COLUMBUS, GA.

[Communicated to the Society, and read Nov. 2, 1869.]

THE influence which the uterus exerts upon the female organism, both in a pathological and in a physiological sense, has, of late years, been a subject of paramount interest to the profession, and has engaged the earnest attention of some of its most learned members.

Few subjects indeed are so fraught with interest and anxiety to the physician. The peculiar and prominent characteristics often given to symptoms, by the sympathetic irradiations of the uterus, are of such a nature as frequently to overshadow and divert attention from the real seat of disease. Cases of dyspepsia, consumption, hepatic and renal disease, neuralgia, etc., which have gone through the role of long and tedious medication as *actual* diseases, and which were in fact only in sympathy, could be recounted almost without number. Instances of this character are constantly coming to the observation of those especially conversant with the powerful influence which the uterus exerts over the female economy. I can conceive of no position in which the physician can be more awkwardly and embarrassingly situated than in being led astray by these deceptive sympathies, and placing his patient under treatment for some grave organic lesion, when, in fact, no such thing exists, but instead, perhaps, the simplest form of

irritable uterus. Such errors, however, should be covered with a veil of charity, for there are few of us who have not made them at some time or other. In his valuable treatise upon the diseases of women, Colombat says: "It has happened that ulcerations or engorgements of the cervix, or even confirmed cancer of the organ, have been treated as cases of chronic gastro-enteritis, because they exhibited many symptoms of that disorder, which were in reality nothing more than sympathetic affections, results of the abnormal pathological reaction of the womb upon them."

The precise manner in which these sympathies are brought about is by no means settled. Colombat, in speaking of these causes, says: "They are covered with a veil as impenetrable as that which conceals from us the real nature of the nervous power." And, at a more recent date, Scanzoni admits, "that up to the present time, this faculty of uterine affections to echo their woes in certain parts, often very distant, of the nervous system, has not been very satisfactorily explained."

The organ most intimately connected by its sympathy with the uterus is the stomach, and, consequently, it is often the very first to receive the impression of the diseased uterus, and to manifest its sympathies in the most marked and positive manner. All the distressing symptoms which characterize dyspepsia are developed here, and however much the apparently offending organ may be medicated with anti-dyspeptics, etc., they are worse than worthless, and oftener aggravate than mitigate the patient's constant distress.

Anorexia, voracity, loathing of food, desire for unnatural articles of diet, acid eructations, and vomiting, are some of the affections which follow in the train of these uterine sympathies. The tone and digestive power of



the stomach is thereby suspended, impaired nutrition follows, and anæmia results, with all the attendant evils of impoverished blood added to the already existing troubles. Though in many cases these gastric disturbances are so prominent, in others they are entirely wanting, the diseased uterus making itself felt through its sympathies upon other organs. The extent of suffering is not always in ratio to the amount of disease. In many instances the most distressing sympathies arise from slight uterine irritation, while again more serious disorders of the uterus cause but slight sympathetic disturbances. Prof. Byford, in his late valuable work, says: "The grade of functional disturbance may vary from the slightest inconvenience, to that of complete arrest of digestion, which rapidly induces inanition and death." "Extreme cases of indigestion, however, are not of frequent occurrence, and the disturbances are rather those of great annoyance, than such as result in very serious impairment of nutrition."

Some twelve months since, I was consulted by a very interesting young lady in reference to her dyspepsia. She was quite anæmic, with great nervous irritability. At times, her appetite was voracious, and again she loathed the very sight or smell of food. This young lady's disease had been diagnosticated as dyspepsia, by the various physicians who had examined and attended her, and for such she was treated. In this case, the gastric disturbance had been so palpable, that no contrariety of opinion had existed as to the nature of her disease. A minute and thorough investigation of this case satisfied me that dyspepsia did exist; not, however, as a disease, per se, organic in its character, but as a sympathetic result of a diseased uterus. Although, in this case, the gastric disturbances were of so prominent and decided a character, the seat of her real dis-

ease was readily traced, for I found upon inquiry that she suffered from painful and scanty menstruation, pain in the back and ovaries, and leucorrhœa. Now it was very evident that a healthy mucous membrane would not give rise to leucorrhœa, and that disease must exist either in the vagina or uterus. This fact, taken in connection with her dysmenorrhœa, clearly established the existence of uterine disease. Physical exploration must reveal its particular character. I stated to this young lady her embarrassing situation, — that her dyspepsia, with its attendant evils, could not be remedied without treatment to her uterus. With great difficulty she at last obtained her own consent to yield to the treatment imperatively demanded. If there is any position in which a female patient may be placed, which more than any other should enlist the warmest sympathies of the physician, it is in these unfortunate cases. The patient being made ready, a small-sized quadrivalve speculum was introduced. The os was found filled with, and there was hanging in the vagina, a thick, tenacious mucus, together with considerable elongation of the neck. Here, then, was clearly a case of cervical endometritis, according to Thomas, and endocervicitis, according to Byford and some other authorities. The name, however, matters but little; there was unquestionably mucous inflammation of the cervical canal. In this inflammation I considered I had found the key to her distressing and obstinate dyspepsia, which when relieved would restore a healthful digestion, and, the nutritive functions re-established, the pallid hue of her cheeks would again wear the rich bloom of health.

Treatment applied to her uterus for three months resulted in a complete restoration of her health. Not only was her dyspepsia relieved, but also her dysmenorrhœa. These sympathetic affections of the stomach will

frequently be found attended with decided mental and moral derangement, the patient losing perceptibly her strength of intellect, giving her friends cause for grave anxiety and apprehension. Cases of partial and complete insanity, as the result of uterine disease, are by no means uncommon. The mental derangements of a large proportion of the female inmates of our lunatic asylums are traceable to these causes.

Spasmodic muscular contractions, or, as they are termed, hysterical convulsions, cause, perhaps, more acute anxiety to patient and friends, and more annoyance to the physician, than any other of the many distressing pathological sympathies of the uterus. In Skey's lectures to the students of St. Bartholomew's Hospital upon hysteria, it is not claimed that this affection takes its origin from the uterus. He makes no connection of hysteria with that viscus, but makes it dependent upon depressed vital action, termed by him "weakness."

This remarkable theory of Skey receives no sanction of authority from gynæcologists of the present day.

Scanzoni, one of the most learned authorities upon the diseases of women, says: "The most curious hyperæsthesias and anæsthesias of certain parts of the body, the most persistent neuralgias and spasmodic contractions, spreading often to numerous groups of muscles, claim, if not always, at least frequently, for sole cause, an affection of the womb. It is only, therefore, by the cure of this latter, that it is possible to make such symptoms diminish, or completely disappear." Prof. Byford, a recognized and learned authority upon all subjects pertaining to the diseases of women, says, in speaking of uterine sympathies: "A worse state of things, however, exists when there are general spasms of the limbs and abdominal walls, and hysterical con-



vulsions. They are apparently induced by fatigue, or occur at the time of menstruation." Fatigue, mental excitement, etc., very frequently act as the immediate and exciting cause of an attack of hysterical convulsions, but the predisposing cause must exist in a diseased or morbidly excited uterus; otherwise these exciting disturbances are harmless, so far as hysterical spasms are concerned, however delicately sensitive the subject may be. The fact that *genuine* hysteria is limited to the female sex is of itself sufficient to connect that affection inseparably with the uterus. It would doubtless be curious to even Skey to witness in the male a fit of hysterical convulsions, sobbing, and sighing, and choking, with "globus hystericus." If I should witness such an anomaly, I should, at least, insist upon a critical examination of the *gentleman*. The most violent and persistent convulsions, I think I have ever seen, have been of an hysterical character, and I am sure I have never seen a case of the kind, where I have had an opportunity of investigation, where there was not palpable and unmistakable disease of the uterus. I am equally sure I have never known a case relieved where the uterine trouble was not first remedied. A case recently treated by myself very strikingly exemplifies the effect of treatment to the uterus in this character of hysteria. A young girl, of remarkably robust appearance, was brought to me by her mother to be treated for convulsions. She stated that her daughter, for the past two years, had been subject to what she termed "fits." I asked her if this was the only trouble of which her daughter complained. She said it was, with the exception of great suffering at the menstrual periods (in the diagnosis of this case certainly a very important exception). She stated that her daughter had been treated for these attacks without the smallest relief. Her

convulsive attacks were represented to be more frequent and violent *during* and immediately *preceding* the menstrual periods. This young lady presented the appearance of health, and indeed was unusually robust for one of her sex, though her mother said she had lost considerable flesh, and was looking badly. The digestive organs had suffered but little, and her system was well nourished. She was remarkably free from very many of the ailments of uterine disease, and but for her dysmenorrhœa, I should scarcely have thought it necessary to examine her uterus. Upon an examination with the speculum, I readily diagnosed a case of cervical endometritis. In this case, I performed the operation, somewhat modified, originated and recommended by Sims for dysmenorrhœa, and with the most complete success. The convulsions and dysmenorrhœa have been relieved. Her menstruation occurs at the regular periods, and without pain. Her mother states that previous to the operation she was languid and listless; that now she has her usual energy and vivacity, and, as she expresses it, "she is now like herself again."

It will be perceived that although the two cases which I have detailed were diagnosed the same, the sympathetic affections were widely different. Indeed, according to my experience, it is an unusual thing to meet with two cases similarly affected as to the sympathetic disorders.

Another case of hysterical convulsions, attended with the usual premonitory pain in the stomach, was that of a lady some thirty-five years of age, and the mother of several children. This case was one of peculiar interest to me, owing, in part, to the fact of her having been treated by a number of distinguished physicians, at home and abroad, none of whom, in my opinion, had correctly diagnosed her case, and an evidence of their error was

their failure in treatment. Her numerous physicians had run her through the catalogue of anodynes and anti-dyspeptics, without the least possible abatement of her distressing symptoms. Her disease had been severally located in the nervous system, in the digestive organs, and in the liver. This lady had been in good health up to the time of a miscarriage, some years previous to my seeing her. From the period of this miscarriage commenced her ill-health, attended with convulsions, dyspepsia, etc. She had now become quite anæmic, and presented in her appearance all the evidences of impaired nutrition. Here was a case of what Skey designates "weakness." In addition to the fact of her ill-health, dating from her miscarriage, she suffered pain at the menstrual periods, which were irregular and deficient, and her convulsive attacks usually came on just preceding or during the menstrual flow, and rarely at any other time. She also had constant and profuse leucorrhœa, together with pain in the back, hips, and left ovary. Here was, in my opinion, a case of uterine disease, as clearly manifested by the pathological sympathies as any case that had ever fallen under my observation. This lady, though satisfied of the correctness of my diagnosis, persistently refused an examination of her uterus, preferring to take the chances of general treatment, and such local treatment as I could effect by means of the syringe. I promised her that were her disease nothing more than simple irritation, as Hodge would term it, or slight engorgement, I would possibly be able, in a great degree, if not completely, to relieve her, mainly by means of the syringe. I accordingly put her upon a decided tonic course of treatment, together with counter irritation to the whole extent of the spine, and hot-water injections to the uterus. And here I will take occasion to state



that I regard the use of hot water, as recommended by Emmet, a remedy of great value in the treatment of uterine diseases. This lady, though not entirely cured, has been vastly benefited. The tone and healthfulness of the digestive functions have been entirely restored. She has gained greatly in flesh, and even beyond her usual weight. For the past four or five months she has had only two attacks of convulsions, brought on, in each instance, by intense mental suffering, about the time of her menstrual period. In every respect, save these occasional convulsive attacks, this lady considers herself well, and in the enjoyment of as good general health as she has ever had. There, no doubt, still remains some little morbid irritability, or some slight engorgement, about the uterus, which will (if sufficiently long continued) doubtless be overcome by means of the hot water, as above alluded to. I have found great difficulty in impressing upon the minds of my patients the importance of this simple remedy, sufficiently to induce them to use it regularly for any lengthened period of time. Unless the patient understands using the syringe, she will most likely throw the stream of water only upon the walls of the vagina. The neck of the uterus should receive the full force of the current, otherwise it will effect but little good. The patient should be instructed in its use by her physician, and taught to carry the point of the instrument directly to the posterior cul-de-sac, and as the stream of water is forced through the instrument, to gradually and gently lift its point within the circle of the cul-de-sac, and around the entire neck. The benefit thus obtained in diseased uteri is oftentimes most astonishing to the physician and gratifying to the patient.

A case now under my charge belonging to the clinic, with quite a different set of symptoms, is that of a

negro woman, a valuable servant of one of our most worthy and esteemed families. This case was examined and diagnosed, conjointly with me, by the President of our Clinical Society. She presented a very marked follicular pharyngitis, with coexisting uterine disease. That this follicular disease existed as a symptomatic affection of her diseased uterus I had not the least doubt. She had been vigorously and unsuccessfully treated for the preceding twelve months, for her distressing cough, and, as a last and final refuge, turned over to the benevolent charities of the clinical society. Treatment at once applied to her uterus, conjointly with that to her throat, has resulted in a rapid and marked abatement of her throat affection and its attendant cough, and she is now rapidly convalescing. She had previously received no benefit from treatment, though it had been persistently applied for the relief of her cough. How this patient could have been benefited by an exclusive and supporting plan of treatment (for she was by no means anæmic), based upon his theory of debility, adopted and taught by Skey, to his classes in St. Bartholomew's Hospital, I cannot conceive.

I have treated two other cases of this peculiar character of throat affection unsuccessfully, the patients preferring the disease to the remedy. In these cases I applied the remedies, both constitutional and local, usual in such inflammatory affections, without relief, save in an occasional temporary abatement of the cough. They each had dysmenorrhœa, and, in my opinion they will not be relieved of their throat affections until the condition which has given rise to their dysmenorrhœa has been remedied. The cough in these cases is dry, harsh, and ringing, and of a most violent character, the paroxysms being occasionally prolonged to the extent of great exhaustion. Colombat speaks of aphonia as

among the sympathies of uterine disease, but makes no mention of this inflammatory condition. Prof. Hodge speaks of a peculiar cough resulting from irritation of the lungs, as a symptomatic affection of the uterus. He says: "This cough may be a simple, dry, hacking cough, or it may be sonorous and hard, as if through a metallic tube." In his valuable treatise upon the diseases of women, he relates the case of "a young unmarried lady, who had been for many years an invalid, and who was troubled with a bad cough, with short and oppressed respiration, often amounting to attacks of spasmodic asthma." He says she came under his care, and was relieved by attention to irritation of the uterus. She remarked that she had just been amused by recounting to herself all the medicines she had taken for pulmonary consumption. She stated that her physician, after having treated her during the whole winter for consumption, had intimated to her friends that she would soon die, as medicine could not afford relief. Years have elapsed since the uterine irritation was relieved, and no pulmonary symptoms have returned. Cases of complete aphonia are instanced by both Hodge and Colombat, as the sympathetic result of uterine disease. Hodge mentions several cases of the most distressing cough, arising from displacement of the uterus, immediately relieved by rectifying the malposition of the organ. In no class of diseases have I ever witnessed treatment so happy in its results, as in these sympathetic disorders, where the remedies have been judiciously applied to the actual seat of disease.

The liver also shares largely in these sympathetic derangements. A very large proportion of the cases suffering from disease of the uterus will complain of pain in the right hypochondrium, extending to the scapulæ and tops of the shoulders. The liver, in these



instances, does actually suffer from irritation and torpidity; but these are the effects of the remote uterine trouble, and, unless treated as such, will be treated empirically, and will not be relieved further than in temporary palliation. I have in my mind a case which casually came under my observation, some years since, of a most estimable lady, who was treated for years, by her old family physician, for "liver disease," and who, despite the energetic use of mercurials, liver invigorators, et id omne genus, pursued the even tenor of her way without abatement of her troubles, until her menopause freed the uterus of its periodic excitement, and the uterus and "liver disease" were cured by the vis medicatrix naturæ, notwithstanding the powerful enervating influences of treatment misapplied to an imaginary disease.

There is, perhaps, no class of diseases in which diagnostic errors so frequently occur as in these uterine sympathies, and only have they the barest color of justification when the diagnosis is obscured by pathological difficulties. We should never lose sight of the fact that diseases of the uterus are manifested, not by pain felt in the organ itself, but in the lumbar region, the ovaria, the digestive organs, the respiratory organs, the encephalon, urinary organs, etc. This sympathetic irritation may select one or more of these organs, in one patient engrafting itself upon one set of organs, and in another upon quite a different set.

A pardonable excuse may be made for our ancient brethren, who believed the uterus to possess an independent existence, and the body to be but a cage for its confinement. Plato says, "that the womb is a wild beast that obeys no reason, but which, when its desires are unsated, wanders about within the body, and excites all sort of irregular motions."

In cephalalgia, we recognize one of the most distressing accompaniments of uterine disorders, and, though not invariable in its presence, it rarely fails to manifest itself in the form of what is usually termed by the patient, nervous or sick headache. I have under my charge, at this time, a young lady of exceedingly nervous and delicate organization, who suffers intensely, and almost constantly, with pain at the *top of the head*. I am thoroughly convinced, though no examination of her uterus has been made, from the attendant sympathetic disorders, such as gastric and menstrual derangement, together with leucorrhœa, that uterine disease does exist. So frequent, indeed, does this pain occur in its peculiar locality, as one of the pathological sympathies of the uterus, that it has become to be regarded by gynæcologists as almost pathognomonic of uterine disease. I have been unable (as I stated, at the outset, to this young lady would be the case) to give any decided or permanent relief by constitutional treatment. Her distressing headache, together with her dyspepsia, anæmia, etc., can only be cured by attacking directly the offending organ. There is certainly no class of diseases which yield with more readiness and certainty to judicious treatment, than these we are now considering, and it should be gratifying to us, professionally, to be able to give assurance of relief to this distressing class of diseases. I will take occasion here to state that we are indebted to our own countrymen for many of the more recent and important advances in gynæcology.

A very highly interesting pathological condition exists as a result of uterine irritation, which, according to the "Medical Times and Gazette," was first called by Drs. Addison and Gull "Phantom Tumor." Dr. Bright, in his paper on abdominal tumors, in the Guy's Hospital Reports, mentions a case in which, in an hys-

terical woman, the surgeon had been induced to attempt ovariectomy, believing that an ovarian cyst was present. The incision having been made, no tumor whatever could be found, and the operator was obliged to desist. The woman fortunately recovered, and the tumor, at a subsequent period, made its reappearance. Five other cases are reported by E. Headlam Greenhow, in the "London Lancet," in which the abdominal parietes were laid open for the removal of these tumors, and, to the surgeon's dismay, none found. Another case, which I remember to have seen a report of some years ago, and to which I cannot now give authentic reference, was that of a woman who was prepared for the extirpation of an abdominal tumor, in the presence of a large class of students. Chloroform was administered preparatory to the operation, and when sufficiently under its influence, the surgeon, with knife in hand, felt for the tumor, the better to guide his incision, when, to his utter discomfiture, the tumor was nowhere to be found and the operation of course necessarily abandoned. Upon the patient's recovery from the effects of chloroform, the tumor made its reappearance.

The only case of the kind which ever came under my own observation was that of a young married lady, the mother of two children. The tumor lay in the left iliac region, was about the size of a large orange, firm, distinct, and well defined, and moved, upon pressure, as though suspended by a delicate pedicle. I had been greatly troubled as to the real character of this tumor. The patient, I was aware, had a diseased uterus, but I had not the remotest idea that it could have any connection with that organ. In the midst of my embarrassment as to the character of this tumor, I met in the "London Lancet" an article from E. Headlam Greenhow (a writer well known to the readers of the



"Lancet"), giving a very concise and interesting account of these tumors. This was the first thing I had ever seen upon the subject. The article appeared soon after Dr. Addison had described and named the affection in his clinical teachings at Guy's Hospital. Headlam Greenhow says: "During an experience of many years, I only remember to have met with seven or eight cases of the kind, in each of which I was expressly consulted for the tumor, and not for the derangement of health, with which it is invariably associated." He gives a highly interesting account of five cases, in all of which decided uterine derangement coexisted. He says: "It is noticeable that all of them were females suffering from some disturbance of the uterine function." In one of the five cases just alluded to, the tumor would seem to melt away under the manipulation necessary for its examination. In the case treated by myself, I was often astonished at the sudden disappearance of the tumor during my examinations, and my inability, by the most careful manipulation, to again find it during that examination. The real nature of these tumors is unquestionably spasmodic, and their seat the abdominal muscles, the primary point of irritation being in the uterus. Feeling convinced from the interesting account and report of cases, by Headlam Greenhow, of the real character of the tumor in my patient, it was plain enough to me why her tonic and alterative course of treatment had afforded her no relief. I now immediately directed my treatment to her diseased uterus, and soon had the gratification to find the tumor, which had puzzled and wearied me for more than twelve months, make its permanent disappearance, and the general health of my patient vastly improved. One very noticeable fact in reference to the diagnosis of these

tumors is, that the measurement of the abdomen is not increased, however large the tumor.

There are other important and interesting pathological sympathies of the uterus, but the length of this paper must preclude any mention of them here.

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### BLOOD-POISONING AFTER PELVIC AND OTHER SURGICAL OPERATIONS, ETC.

[Communicated to the Society, and read Sept. 7, 1869.]

BY CARL BOTH, BOSTON.

THE two greatest discoveries which science owes to Virchow are, in my opinion, the established independent life of the animal cell, and the important fact that the living blood cannot hold or retain septic or putrid liquids, unless it is constantly nourished with such substances from a nidus of degeneration and decay.

The consequences which result from these two discoveries are of the utmost importance for the development of scientific pathology. The existence of abnormally mixed or septic liquids has long been known by physicians. But for want of knowledge the nature and origin of such substances could never be ascertained. My object to-day is to give an account of my own observations and conclusions upon them.

I shall divide all blood-poisons into those which are introduced from without, and those which originate within the body, *generatio per se*. The first I subdivide into

A.

1, solid and organic substances;

2, putrid liquids, and

3, poisonous gases.

The second into

B.

1, disease and decay of tissue, or blood-cells, from any cause whatever; and

2, chemical blood-changes and blood-moulting [Blutmauser], which word I use for processes in which, for any reason, the blood formula has to change quicker than is done under common or ordinary circumstances.

Under A. 1, I reckon all mineral and vegetable poisons known as such when introduced into the organism.

Secondly comes syphilis. It is remarkable that after the ablest minds have tested their ability upon syphilis, how uncertain our positive knowledge is about it. Its origin is unknown. I consider that the syphilitic contagion consists of cells, which are diseased and slowly dying, showing, during this slow process, a remarkable power to transfer the same process to healthy cells with which they may come in contact. From my own information on the subject, I believe the danger of the true syphilitic virus lies more in the slowness with which it acts than in anything else. Others beside myself have observed that the disease is not so virulent in the tropics as in colder climates; in fact, it sometimes ceases of itself, while others live with it to old age. The reason I find in the more rapid action of all lymphatic and excreting glands in a hot climate than here, occasioned by greater atmospheric pressure, greater and more constant heat and by thinner (less albuminous) blood. The danger with us, I find, is in the want of intensity with which it infects. From this I conclude that by either quickening the excreting process by inducing an artificial fever, or by introducing a more rapidly and intensely acting poison, we can expel the diseased cells from the body. Mercury, in my opinion, does not destroy the syphilitic



virus, but by introducing mercury we stimulate the glandular system to an extraordinarily quick action. If we continue this excreting process, the body will thereby be able to throw out with the mercury, also, the less irritating diseased cells. Any other process of similar intent would produce the same effect, as by Zittmann's decoction,\* the cold-water sweating process, excessive heat like that of the tropics, etc. Whether a syphilitic patient is ever affected with yellow fever or variola, and whether such diseases would cure syphilis, or this prevent them, I have not been able to ascertain in spite of inquiry and research. Any observer will notice that when syphilis is let alone, the system will make exertions to expel the virus, but cannot, for want of irritation, from the absence of pain, fever, etc.

Under the same class I count horse-glanders, hydrophobia, infection at autopsies, operations, etc. The difference in symptoms and time of incubation, I attribute to the difference with which the diseased cells affect the normal ones. In accordance with this view, I consider it possible that if we could exert an influence upon the normal cells stronger than that of the diseased ones, until the system had ample time and opportunity to expel the latter, we might effect a cure of these dreadful affections. I have often heard that belladonna given in very large doses has cured hydrophobia. I am not able to speak from my own experience, but the following case may illustrate the idea. In April, 1861, I was called to see an old lady in Warren Street, sixty years of age. She had some varicose veins on her legs, one of which she ruptured accidentally; the bleeding had been arrested by adhesive straps, like ligatures, applied by one of the surgeons of the Mass. Gen. Hospital. I

\* Calomel and cinnabar, with sugar of alum, sarsaparilla and aromatics. U. S. D. 1866, p. 1062.

found the foot and lower limb very much swollen, red and glistening; pain upon pressure all along the inner surface of the leg. Chills, with very rapid pulse. She exhibited all the symptoms of acute blood-poisoning. Considering the prognosis unfavorable, I did the following: I removed the plaster ligatures, and had the whole leg and foot poulticed; prescribed for food and drink nothing but sour and hot lemonade, and a solution of extr. belladonnæ, with tinct. digitalis. This I used until the symptoms of belladonna poisoning appeared in full, and kept her under the influence of it for three days. The swelling of the leg then subsided from suppuration, and the patient recovered completely under this treatment. I should hardly have resorted to it had not the case seemed hopeless; and I am certain that she would have perished under a more expectant treatment.

Again, the facility with which dead or diseased cells affect the organism under such circumstances is so remarkable, that the dangers arising from vaccination, accidental or intentional, cannot be overestimated. The peculiar case lately observed by Dr. Bixby, and to be reported to the Society,\* may illustrate this. A lady scratched her finger while carving; two days after, having paid no attention to the slight injury, she washed some clothing soiled with her own menstrual fluid, whereupon she became affected with signs of blood-poisoning. The character of the wound, produced by lacerating instead of cutting, like the fang of a snake or tooth of a dog, and the probable employment of an alkaline soap in the washing, undoubtedly had a good deal to do with the infection.

All kinds of virus containing cells or amorphous material, although slower in their effect than liquid poisons,

\* The case was reported to the Society at its meeting on Sept. 21, 1869.



are more dangerous, because they can produce embolism; thus the symptoms may all have disappeared, but a nidus, however small, being left, it may at any time reinfect the system. The experiments with similar results made by O. Weber, Panum, Stich, and Virchow, have shown that the simple liquids of putrid albumen or pus do not produce embolism when injected, but can cause inflammation of the serous and mucous membranes when sufficiently active. This fact is very important in the treatment of such disorders as are classed under the names of typhus, variola, and similar affections.

3. The existence of a specific miasma or unseen contagion has never been able to enter my comprehension; in fact, I am inclined to deny any such thing. When we expose ourselves to gases, such as are created in dirty, filthy places by decay, in swamps, in caves, or by all processes of organic decomposition, we will and must become influenced by such inhalations. But I cannot see any specific miasma in the inhalation of these gases. It is very easily comprehensible that one organism can resist longer such an influence, than another; and it can readily be demonstrated that the most serious consequences must follow a continued inhalation of such gases. But it never could be made plain to me that anything peculiarly inclined to cause disease was existing in such atmospheres. There are, of course, minute vegetable spores flying about in the air; to suppose that there are specific ones, carrying the germ of disease, may be very pretty, but such views should altogether be struck out of science. Ignorance was the mother, conceit and vanity the father, of such conceptions. It has always been a fault of medical minds to explain certain matters by supernatural and incomprehensible theories; but the want of a knowledge of anatomy, and



of chemical and of physical science is always at the bottom of it.

Under B. 1, I count absorption from degenerated coagula through the lymphatics. When I read the account of the famous operation of removing the whole uterus, with complete recovery, by Dr. H. R. Storer; several years since, nothing seemed to me to have contributed so much to the result as the complete removal of all coagulated blood then resorted to, and the exposure of the open wound to the atmosphere for over an hour. According to several of the later pathologists of Germany, surgical fever is caused to a great extent by the absorption of devitalized blood. I think that this theory is correct. The first I heard of leaving wounds after being cleansed to the influence of the air, was from Prof. Linhardt of Wurzburg. I have myself always done so, with decided results. Instead of simply, at first, blood, and then serum, we have, third, excretion of plastic lymph, which is very adhesive; and I have seen wounds treated as above entirely united after four hours. My own hand exhibits a proof of this. I am convinced that I owe the complete recovery of its use simply to this rule; it was accidentally left open, after a severe sword-cut, for an hour and a half before it was sewed, thanks to the ignorance of the surgeon in attendance; and Prof. Baum, of Göttingen, hearing of the extent of the injury through his assistant, Dr. Rösing, sent me word that I must expect the loss of the use of my hand. Although suffering much from the continuous use of a splint, I had not the slightest surgical fever. Since then I have considered the quick closing of wounds one of the greatest mistakes in surgery.

The fever which we observe in all chronic diseases attended with deposit of blood-cells or albumen, in consequence of their arrestment or escape, belongs likewise

here. My observations have been made especially on tuberculous patients. The correctness of Virchow's statements I have always recognized, and I can demonstrate this to-day upon living subjects. As soon as by any means whatsoever we are able to free the blood from the poison absorbed, the pulse falls, to rise again as quick as fresh absorption begins. So long as the absorption consists only of poisonous liquids, arising from decay of incarcerated cells or albumen, etc., the fever is varying and inconstant; but as soon as embolism (metastasis) has begun, the fever remains constant, and will resist any means employed against it. In other chronic disorders of deadly nature we sometimes observe, therefore, no fever at any time, as in Bright's disease. No poisoning of the blood can occur for want of albumen, and no deposit of blood-cells is likely to take place for want of them also; but as quick as a deposition of blood-cells has occurred we observe fever also in this disease.

Under B. 2, belongs that class of blood-poisoning which offers the most difficulty and obscurity. It comprises the changes which the blood-formula has to undergo under certain conditions. That the albumen is here the principal factor I am fully convinced. Albumen is never the same in analysis, which fact has been known for some time; and the name of protein substances has therefore been adopted for all the different forms under which albuminous compositions appear in the body. From my own observation I am certain that no contagion or miasma exists in yellow fever; but that the more defective the protein formulas are constituted, the quicker the primary outside influence (atmosphere, heat, character of food and its amount) enforces the change; and the more unhealthily other outside influences can act at the same time, the more unfavorable

will be the result. Consequently a poorly fed sailor, situated in and constantly breathing the gases which evaporate from a harbor like Port au Prince, or Kingston, will have less chance to endure such blood-metamorphosis than a normally nourished man, who can pass through this process in fresh and pure air. That the typhus epidemics in Eastern Prussia are simply owing to living upon potatoes, and a want of necessary material for the economy, I am fully convinced. That the cattle plague here and in various countries originated solely through neglect of the cattle, I am certain. That variola is contagious only for systems with a surplus of albumen, and those where it is miserably constituted, I am also convinced, since I have tested this point upon my own body to my complete satisfaction. That cholera is in no way contagious has long been established. The fact is that, simply because we do not know with certainty about these disorders, we think that they *must* be contagious. *If so, they should be to everybody.* With the least attention to the condition of the blood and body, we may defy any contagious disease, whatever its name may be, as I have repeatedly proved upon my own person. Such contagions are for a miserably constituted body exactly what bad company is for a bad boy.

The following formulas may illustrate what I mean to say. If we suppose

Fibrin to be	52.7,	C	6.9,	H	15.4,	N	23.5,	O	1.2,	S	0.3,	P
Albumen "	53.5,	"	7.0,	"	15.5,	"	22.0,	"	1.6,	"	0.4,	"
Casein "	53.83,	"	7.15,	"	15.65,	"	23.37,	"	traces S,		traces P	
Leucin "	12,	"	13,	"	1,	"	4,	"				
Tyrosin "	18,	"	11,	"	1,	"	6,	"				
Hippuric acid, to be	} 18,	"	9,	"	1,	"	6,	"				

we observe a remarkable difference between these formulas. We see at once an undue proportion of hydrogen in the three latter as compared with the three



first, an element little used in comparison to carbon, oxygen, and nitrogen, in the economy, while the latter are the dominating elements in almost all changes. If we now call leucin or tyrosin either the remains of albumen decomposed by use, or an imperfect attempt to form albumen, there is not in this a great mistake. If we feed a healthy man upon potatoes and fat, he can live, but he cannot form albumen with sulphur and phosphorus, because potatoes and fat contain little or nothing of them. And if we feed another man upon potatoes and alcohol, the result will be worse, for the alcohol would appropriate all the oxygen, the maltreated body the nitrogen, the carbon would be used in the absence of alcohol, but the hydrogen would not find a ready application. As hypothetical as this may appear, it will show at once the necessity of good nutrition. Fibrin is evidently nothing but a fibrillating albumen. We may also easily comprehend from this that, if the nutrition is imperfect, a quick change of circumstances would bring about such consequences in a body as would end in the most fatal results for its existence. The imperfectly formed substances can become expelled from the blood as a deposit in a joint, the pericardium, or elsewhere, or they may swim along with the blood-stream, causing degeneration in the first instance, or tending to obstruct the capillary circulation in the latter case, by themselves, or by inducing coagulation of fibrin. However imperfect and theoretical this explanation may seem, it is only through such a method of reasoning that we can solve the processes which are classed under the name of blood diseases, and then by experiment render the explanation certain. From the fact that we are very ignorant yet as to the nature of these processes, our therapeutics must necessarily be primitive.

The following may be found worthy of consideration:—

If we have to deal with any poisonous virus, it should be our object to produce and aid to the utmost a stimulated excretion from the lymphatic and other excreting glands, with the view of protecting at the same time the normal cells, either by introducing stronger, yet controllable, influences; or by trying to find a specific, directly destroying or neutralizing the contagion, which latter I consider doubtful from our present experience. The treatment of venomous snake-bites with the meanest procurable whiskey, in an excessive dose, or by bromine; the use of belladonna, recommended in hydrophobia and other injuries of that class; of mercury and iodine in syphilis; of aconite in septicæmia and tetanus; and of similar agents elsewhere, would deserve attention, of course, if always accompanied by the proper direct treatment. According to the nature of each contagion or poison, it may be well to consider whether a slow restorative, or a quick excreting, treatment would be preferable; or both used alternatively. Certain it is, that if we employ such agents at all, they should be employed in large doses, as otherwise they are without effect, and can only do additional harm to the already injured organism. It is well known that twenty or forty grains of calomel are less injurious than a third of a grain.

In the above-mentioned blood metamorphoses, the alkalies, from arsenious preparations down to common chloride of soda, are of the greatest importance, especially in an excess of albumen; while citric, uvic, and malic acids I have found the most effective agents in all cases in which an excess of fibrin, or protein substances, for some reason not correctly formed, exists. These three acids are the only ones which keep albumen soluble, while all others coagulate it; and they contain

likewise a higher proportion of oxygen than any other known formula in the body. I also consider the use of chalybeate waters of considerable value, not that they may form a constituent of the blood as such, but I find their effect in the contractility of the capillary arteries, which relax in part or wholly in all cases of injury to the sympathetic nerve. This relaxation of arterial contractility constitutes peripheric hyperæmia. That the remedies employed must always be supported by a suitable diet, as the basis of everything, I need hardly mention.

As regards external applications, I have the most faith in the use of heat; little in the use of counter-irritants, and then only in such as do not injure the skin, and are permanent at the same time in their effect. Venesection, cupping, caustics, or similar procedures cannot be of any use or purpose in any of the above-mentioned instances. The use of ice I consider necessarily hurtful. The practice of cauterizing bites of dogs, or snakes, and the ulcers of syphilis, I consider a very bad one. I admit that such would be indicated if we could thereby destroy the virus or venomous saliva; but in how many cases can this be done? On the other hand, nothing induces absorption by the lymphatics quicker than such procedures. I consider half of the cases of secondary symptoms in true syphilis produced by hasty and untimely cauterization. In cases of bites, a quick and deep crucial incision, or total excision, would be the only rational external treatment, after which the blood should be made to run freely, and then the wound washed for hours with warm water, and at last, perhaps, treated with caustic, or acetic acid, chlorine, or the like. In syphilis, poulticing will be found of more service than any other procedure, with the after employment of a terebinthinate ointment. If



the wound exhibits a red and unhealthy appearance, then a caustic is indicated. In how far the galvanic battery or subcutaneous injections are valuable, I have no idea, as all yet known about their effect in these cases amounts to little or nothing. But we may expect soon to have more complete reports, from which conclusions can be drawn. One should suppose that more can be developed upon this important point than has been so far. I wonder that no experiments have as yet been made with inhalations of oxygen in different proportions and mixtures. I should think that it might be tried in the cases where experience has shown that we are absolutely powerless; such as hydrophobia and horse glanders, bites of serpents and the like. To produce artificial fever, I certainly do not know of an agent more active than a surplus of oxygen. And if combined with other gases, such as that of chloroform, or other similar agents, it certainly would have a decided influence upon an organism thus injured. At all hazards, none of the patients could do more than die, which they now do at any rate.

I would say a few words concerning the dangers and prophylaxis of capital operations, especially abdominal sections. The two great dangerous points, the Scylla and Charybdis, are shock and resorption of retained coagula, or of consequent pus. I need hardly mention that to avoid any such occurrence is far better than to cure it, even if one had this under his control.

In regard to the first of the dangers, I have already mentioned the importance of cleansing the wound, and waiting, before closing. But I think it also important to prevent the intestines and other internal organs from becoming dry or chilled. Good assistants are, in such operations, worth as much as good instruments. Yet, with all care, it may happen that blood-poisoning occurs.

Of the greatest importance is the previous preparation of the patient for the operation, as so strongly recommended by Dr. Storer. To bring the digestion and blood into good order; to confine the patient to bed several days before operating; to make her cheerful, and get over the fear which she always has of what is before her; to regulate the temperature of the room, and to make the patient acquainted in advance with the nurse, — are points the value of which can hardly be over-rated. To avoid ligating a nerve, however small, is a duty which, although always lectured about, cannot be too much insisted upon. In the next place, it is very important to prevent vomiting after narcotization. I have found that by using good chloroform, and taking at least half an hour's time for narcotization, no vomiting occurs.

After the operation, it is a point of great consideration how to nourish the patient. I think it as unwise to recommend the same food in every case, as it is to recommend the same medicine in what are only apparently similar affections. To feed a fat, strong woman the same as a lean, weak one is simply foolish. Attention should always be paid to the taste of the patient. In case she wants acid, lemons, or grapes, or oranges should be given; fresh apple-juice also could sometimes be allowed. As plastic food, I should give milk and raw meat the preference of everything else; both should, however, never be given at the same time. The milk might be boiled with a little farina. Wine and liquors would be indicated only in very weak subjects, or in case of sudden shock. Opium, tea, coffee, etc., should always be avoided, as they must necessarily be hurtful, from exciting the nervous system without purpose, and to the disadvantage of the rest of the body. For drink, I should select from natural waters, seltzer,

chalybeates, and lemonade, according to the craving of the patient.

An occurrence much to be dreaded is the sudden collapse, which is apt to occur a few days after the operation. It is most probable that the sympathetic nerve has much to do with this. The real nature of the accident is not perfectly known. It may bear the same relation to the sympathetic as tetanus does to the motory spinal nerves; but I think a good deal can be done to prevent it. I should have the most faith in heat applied over the abdomen by warm, moist cloths. It will be noticed that oftentimes the region of the stomach is cold to the hand. This should never be permitted. Another point is, not to be too hasty in giving food. The sympathetic nerve, in such operations, suffers too great a shock to be able at once to perform its ordinary functions regularly. It is much better to bring the patient into good condition before the operation, than to endeavor to do so directly after it. I am inclined to believe that by paying attention to these and similar rules, the need of medicine can be almost always avoided, and that good results are more to be expected from precautions than from curatives of any kind. Whether any, and what, drugs can or may, under any circumstances, be of advantage, I would leave to the experience of operators, as it is impossible to theorize about them with safety.

Having thus said as much as I can in this space, and to the best of my ability, I am well aware how little it is, and I fully know that I have only shown our lack of information; but I am sure that by earnest endeavor, especially on the part of those who are in the position to study and experiment with more material than has been at my service, we might much increase this knowledge. This would be better than always to wait for



everything until it has made its way here from Europe, simply to be imitated. The results of a single thinker Virchow, shows how much one man can do if he has the will to do it. The condition of the subject is such that no medical man, in whatever position he may be, can claim any scientific basis for his knowledge or treatment, unless he helps to investigate this difficult, complicated, and obscure theme of blood-poisoning.

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#### EDITORIAL NOTES.

THE MOST PLEASANT of the reminders ever sent us by him, we have just received from Sir James Simpson, it being the account of the presentation to that famous gynæcologist, of the freedom of the city of Edinburgh, which has just occurred. The event was one very remarkable in itself, honorable to all concerned, and of exceeding interest to those concerned in the treatment of the diseases of women.

In the fact that our master has lived to obtain this spontaneous recognition *at home* of his great services to humanity, we heartily rejoice, for it is the most valuable of all the triumphs that he has achieved, and is the legitimate result of a life of faithful endeavor. To some of the details of Prof. Simpson's earlier history, his struggles, long but successful, against adverse circumstances, false friends, and bitter professional enemies, the worst of whom were his own townsmen, we ourselves were permitted, many years since, to call the attention of the medical world. The renewed lesson now given to all young physicians, in this wonderful rise to the highest pinnacle of professional fame, by the man who "first came to Edinburgh, forty years since, and

entered its University as a very, very young, and very solitary, very poor, and almost friendless student," is but the old story of what trust in God and one's self, individuality of thinking, courage in expressing the thought, and a life of devotion to one's chosen work, will surely accomplish; not often, it is true, in such overflowing measure, but always abundantly.

We quote the following from the "Edinburgh Daily Review," of Oct. 27th: —

"The Clerk read the relative minute of Council, and also the burgess ticket, which was enclosed in a crimson velvet box, emblazoned with the city arms, and which recorded that the freedom of the city had been conferred on Sir James Y. Simpson, 'whose numerous and varied contributions to medical science and literature — and particularly whose distinguished discoveries and appliances for the alleviation of human suffering — have served to maintain and extend the reputation of this city and its medical school, and entitle him to the respect and gratitude of his fellow-citizens.'

"The Lord Provost (in presenting the burgess ticket to Sir James) said: 'It is now my great privilege to present to you this ticket of honorary burgess-ship in the ancient corporation of Edinburgh. (Applause.) The compliment is not great, indeed, but it is all the Corporation of Edinburgh has in its power to bestow, and it must be accepted by you, sir, as a token of very great respect and admiration not only of your general character, but of your profound scientific researches, and your application of science to the mitigation of human misery. (Applause.) This compliment has usually been paid, as you are perhaps aware, chiefly, if not almost altogether, to distinguished strangers visiting Edinburgh. It is a compliment that has been usually reserved for that purpose, and it has been my good fortune, during

my period of office, to have conveyed a ticket similar to this to H. R. H. the Duke of Edinburgh, Mr. Disraeli, Lord Napier, of Magdala, and John Bright. I believe the only instance on record of a similar compliment being paid to any citizen of Edinburgh was the case of Mr. Moncrieff, the Lord Advocate, on account of his great services in conducting municipal extension. But, however great are the merits and distinguished character of those noblemen and gentlemen to whom I have referred, I know no one second to yourself as worthy of this distinction. (Applause.) We are proud, indeed, to know that we possess in the city of Edinburgh a gentleman like yourself, whose reputation is not confined to Scotland, but who is known over the whole civilized world, — known as well on the banks of the Thames and the Seine as on the shores of the Firth of Forth. (Applause.) It is no small matter of pride to us to think that we have been able to retain you in our ancient city. Alas! almost all our men of genius are drawn away by the greater metropolis of the South; and we feel gratified to think that you have found here a suitable and proper sphere for your great and valuable services. I will not dwell on what you have accomplished in medical science. I will only allude to your discovery — the greatest of all discoveries in modern times — of the application of chloroform in the assuagement of human suffering. (Loud applause.) That was a great gift to mankind at large, and it well befits us, the Corporation of Edinburgh, to mark our sense of the great act of beneficence on your part by this small compliment. I could also allude, did time permit, to your distinguished service in the discovery of acupressure, by which hemorrhage is rapidly and safely stopped, and, of course, many lives are saved. This is a subject on which medical men are very much more qualified to speak than my-



self, but we do possess, at least, the general appreciation of its great value, which enables us to say that we are proud to have a man amongst us capable of rendering such service to humanity. I might allude also to your remarkable success in the pursuit of archæological and antiquarian researches, to your wonderful investigations into the medical practices of ancient times, and into the antiquities of our own country. In that field alone you might have achieved a most distinguished reputation. However, it is more as a medical man that we address you to-day. You have raised the reputation of the University of Edinburgh, and of its professors, who may well be proud to think they have among them a man so distinguished and so eminent. (Applause.) You have ever been the friend of sanitary improvement. In all that can tend to banish disease and save mankind from suffering you have interested yourself. Latterly, indeed, you have made yourself remarkable by numerous writings upon the subject of hospital reform. I am not qualified here to pronounce a distinct opinion upon that point, but I must say that the theory you have propounded on the subject recommends itself to our common sense. (Hear! hear!) Nothing is, I think, more reasonable or more consistent with ordinary practice than that a person who is unwell is better attended to in a small establishment than in a large one; that a hospital may be better managed in a way advantageous to the community on what is called the cottage system than on the palatial system, which is known to be attended with many drawbacks. That, however, is a controverted matter, and I will content myself with expressing my feeling as generally favorable to that reform in our hospitals. I hope it will engage the earnest attention of all persons connected with the Royal Infirmary of Edinburgh, which is shortly to be

rebuilt. I trust such reforms will be carried out in that institution as may commend themselves to your favor, and that they may answer all the purposes you may contemplate as regards the prevention of contagion in that establishment. I will not trespass longer on your time, as you have valuable duties to perform, and will conclude by saying, in the name of the Magistrates and Town Council of Edinburgh, I have great pleasure in presenting you with this burgess ticket.' (Loud applause.)

"SIR JAMES SIMPSON, in his reply, said: 'My Lord Provost and fellow-citizens, I am utterly unable to express to you, in adequate terms, my thanks for the honor which you have conferred upon me. Your lordship has spoken of the honor as not great in itself. I look upon it as one of the greatest which I have ever received. And believe me, that if I cannot speak my thanks for it sufficiently with my lips, I feel these thanks deeply and intensely in my heart. Honors like this honor become the more prized and precious in proportion as they are the more rare in their bestowal. This view only tends to enhance my gratitude on the present occasion. For though the Lord Provost, Magistrates, and Town Council of the city of Edinburgh have, in times past, enrolled on their list of honorary burgesses some princes and peers, and a proud array of illustrious statesmen and soldiers, legislators, lawyers, and litterateurs, they have rarely or never till to-day bestowed, I believe, the same distinction upon a medical practitioner in their own city, or a professor in their own University. (Applause.) 'Tis fully forty years ago since I came first to Edinburgh, and entered its University as a very, very young and very solitary, very poor, and almost friendless student. But matters are now so entirely changed and reversed that I feel at this moment as if, in the dis-

tion which you have conferred upon me, the community of Edinburgh, as a body, offered me the right hand of cordial fellowship and the kindest felicitations. Nor was my original ambition in any way very great. After obtaining my surgical diploma, I became a candidate for a situation in the west of Scotland, for the attainment of which I fancied that I possessed some casual local interest. The situation was surgeon to the small village of Inverkip, on the Clyde. When not selected, I felt perhaps a deeper amount of chagrin and disappointment than I have ever experienced since that date. If chosen, I would probably have been working there as a village doctor still. But, like many other men, I have, in relation to my whole fate in life, found strong reason to recognize the mighty fact that assuredly

“There’s a Divinity that shapes our ends,  
Rough-hew them as you will.”

Yes, in the language of the French proverb, “Man proposes, but God disposes.” Through the ceaseless love and kindness of a dear elder brother, and in consequence of gaining the Macpherson University Bursary, I was enabled to study for some time longer at the University, and obtain my medical degree. Prof. Thomson — to whom I was then personally unknown, but to whose advice and guidance I subsequently owed a boundless debt of gratitude — happened accidentally to have allotted to him my graduation thesis. He approved of it, engaged me as his assistant, and hence, in brief, I came to settle down a citizen of Edinburgh, and fight amongst you a hard and uphill battle of life — (Hear! hear!) — for bread, and name, and fame; and the fact that I stand here before you this day so far testifies that in this arduous struggle I have won. (Applause.) Some seven or eight years after my graduation, and in this very room, all the fortune and destiny



of my future life were one forenoon swayed and settled by a vote of the Town Council of Edinburgh, when they elected me Professor of Midwifery in the University. Of the councillors who then voted for me, I have the pleasure of recognizing as still among you, my friend the Lord Dean of Guild, and your prospective Lord Provost, Mr. Law. And to no citizen was I, at that time, more deeply indebted for success than to the gentleman who now sits on your lordship's left hand, our esteemed member of Parliament, Mr. M'Laren. Assuming on that occasion the character of a judge, and not of a mere witness or testimonialist, and speaking in behalf of many of his medical colleagues, a professor, who is still a very eminent member of the Medical Faculty, dictatorially urged in print, upon the patrons, that the fate of the University was at stake if they ventured to allow their votes to fall upon me. But I fondly hope that my connection with the University, which you then willed and ordered, has not decreased either its reputation or its status in the world of science. On the day of election, one of the patrons eagerly argued in this hall that if I were chosen as Dr. Hamilton's successor, the hotel-keepers, merchants, and others, in the city, would have good reason to complain, as I could never be expected, like him, to induce patients to come occasionally from a distance to our city. But I think this prophetic objection has been even more fully gainsaid than the other; for I believe I have had the good fortune to draw towards our beloved and romantic town more strangers than ever sought it before, for mere health's sake; and that, too, from most parts of the globe, — from America and Australia, from Asia and Africa, and from the various kingdoms of Europe. (Applause.) Your lordship has alluded, in too flattering terms, to some of the professional and other work

which I have been permitted to do in the course of my professional life. I only wish my deserts were more worthy of your kind eulogy. For sometimes, when I look back and reflect, I feel regret and dismay that my avocations and my idleness have prevented me from doing more for the promotion of a science and art which, like medicine, calls aloud for so much devotion and study from its followers and votaries. You adverted to the discovery of the anæsthetic effects of chloroform. Perhaps you will allow me to state that there are various manufactories of it in Great Britain, and that a single one of these, located in Edinburgh, makes as many as eight thousand doses a day, or between two million and three million of doses every year, — evidence to what a great extent the practice is now carried of wrapping men, women, and children in a painless sleep during some of the most trying moments and hours of human existence; and especially when our frail brother-man is laid upon the operating table, and subjected to the tortures of the surgeon's knives and scalpels, his saws and his cauteries. Acupressure is not ten years old, but during that brief period it has spread over the surgical world to a greater extent than its predecessor, the ligature, did in one or two centuries. Besides, it has already led the way to other advances in surgery. In relation to another question to which your lordship adverted, — namely, the proper construction of our hospitals, — let me merely remark that when such a simple operation as amputation of the forearm is performed upon a poor man in the country, and in his own cottage home, only about one in one hundred and eighty die; but the statistics of our large and metropolitan hospitals disclose the stern and terrible truth, that if these men had been inmates of their great wards, some thirty of them, or about one in six, would have perished, — a fact, among many oth-

ers, calling earnestly and strongly for some great reform in our large hospitals, if these institutions are to maintain their ancient character as the homes of charity and beneficence. You have spoken in too kindly words of the reputation which I have happened to acquire in consequence of some of these researches and investigations. Of the value or the reverse of such researches, and their probable bearings upon human science and progress, no author is perhaps himself an adequate judge. It has been often, however, adduced as a sage and sound remark, that a man may sometimes see, as in a mirror, a forecast of the relative esteem in which his works and writings will be eventually held by future generations, by looking at the relative estimation in which he and they are held in his own day by foreigners, and by foreign nations and foreign schools, who, unbiased by personality, reduce all objects at once to their just proportions and true value. If I dared to risk such a test, I should have some reason to hope that what little I have done in my profession may yet, perhaps, enable me to leave some slight "footprints on the sands of time" — (applause) — for I have had, I believe, more foreign academic honors and distinction accorded to me than have fallen to the lot of most of my medical contemporaries. For my own part, however, I regard it as a far higher and greater gratification that to-day, and at home — not from the stranger and foreigner, but from you, my own townsmen, who live in the same community with me, and know me personally, and all my outgoings and doings — I have received the honor which you have conferred upon me; and I receive it in the spirit of your lordship's interpretation of its object, — not as a testimony of esteem offered by you to me as a professor and physician merely, but also as a man. (Applause.) It is specially in this last light that I rejoice in thus stand-



ing here before you this day, and accepting from you this casket, which I shall have sincere pride and pleasure in transmitting down to the keeping of my sons. (Applause.) But I have detained you too long. Before concluding, allow me only one remark more. The distinction which you have bestowed upon me is, in my eyes, greatly enhanced in value by the fact that, my Lord Provost, it has been passed to me through your hands, — the hands of a chief magistrate who will leave so deep an impress of good upon this city and this era. (Applause.) For I know and feel with many of my medical brethren that, during your term of magisterial office, you have initiated among us a course of sanitary and hygienic improvements that will betimes add mightily to the health and well-being of the inhabitants of Edinburgh. Besides, I feel proud that my burgess ticket bears upon it so distinguished a name as that of William Chambers, — a name that in future times will doubtless be held in deep estimation wherever the English language is read and spoken, as that of the man who, first among us here, instituted, founded, and fostered that marvellous system of cheap literature and journalism which seems destined to exercise so powerful and gigantic an influence in the history of human progress, and in the march onward of human education and human civilization.’ (Loud applause.)

“The newly appointed burgess received the congratulations of the Council, and the proceedings thereafter terminated.”

We also give, from the close of a long and carefully prepared editorial in the “Review,” what is probably the great secret of Professor Simpson’s so successful life: —

“In short, SIR JAMES SIMPSON is known to the lovers of progress, and to the lovers of humanity, as nearly,

if not quite, the foremost man among them; a man of the highest scientific reputation, who carefully and boldly utilizes science for the diminution of human suffering, — using science in its highest possible manner. Some scientific men dislike Christianity. Some Christians, foolish people, we think, dread the light of science. SIR JAMES SIMPSON, as a scientific man and a Christian, does neither. Deeply loving Christianity, he never fears, for one instant, that true science will lead anywhere but to the truth, and that the truth is Christianity. Deeply loving science, he takes it as a light from God, and uses it to the benefit of his fellow-men, as God would have him. Men of deep science and pure Christianity are not so common among us that we should hesitate to congratulate the people of Edinburgh on the honor they have done to a man who represents both science and Christianity so boldly and so soundly as SIR JAMES SIMPSON.”

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IN OUR LAST NUMBER we called attention to the part, till then unstated, taken in the first introduction of anæsthesia, by Dr. Henry J. Bigelow. The father of that gentleman, with the appreciation of the past as compared with the present common to age, has denied, in the last issue of the “Boston Medical and Surgical Journal,” the justice of the honors rendered to the discoverer of the anæsthetic properties of chloroform. Upon referring, however, to the account of the ceremonies at Edinburgh, it will be perceived that it was not so much the general discovery that was under discussion as the man of the day, and the agent that, at the peril of his life, and after repeated experiments upon himself with deadly and unknown drugs, he had deliberately secured for mankind. His was no chance discovery, made

matter of fact upon the bodies of strangers and hospital patients, as had been the first; nor should it here be vilified. Were Boston physicians, and in particular the past and present attendants at the Massachusetts Hospital, a little more chary in asserting their own claims, and a little more magnanimous towards those of others, there would be far less jealous apprehension among us of unintended slights.

When chloroform shall have superseded ether in this city, as it eventually and assuredly will, then will Boston and Edinburgh stand side by side in the world's gratitude; the punctilious "hub" being content with having performed its customary duty, of sending out an idea for the rest of the universe to develop, and, if it can, improve.

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AT LAST, the ever-awakening controversy between those practising all branches of the profession indiscriminately, and those developing special departments thereof, has reached that pitch that not only has forbearance ceased to be a virtue, but it has become a matter of personal defence for gentlemen who have pursued the most honorable paths to professional distinction and a fortune to make a common cause against what is purely a selfish aggression.

We ourselves, as is well known, have been always in favor of peace, and while demanding for the specialist his due recognition as one of the advance guard of the profession, we have counselled against agitation on either side, sure as we have been that time, the healer of wounds, would restore any kindly relations that might temporarily be broken. Our past position upon this question will be made evident by the following extracts from the "Second Report" upon Specialism, read to the



American Medical Association, in 1865, but as yet unpublished. Portions of the language quoted will be recognized, that have now passed into common parlance as conveying ideas then thought heterodox, but now very generally entertained: —

“The question as to the influence of specialists upon the profession is one that irrevocable time has taken from our hands. Many of the most active medical scientists of the present day, and of the most authoritative teachers, whether as lecturers or writers, are from the class that would formerly have been stigmatized as men of one idea, who, catching a glimpse of new truth, in its mazy labyrinth, have patiently pursued it to its ultimate retreat, and there overtaken, have compelled it to an unconditional surrender, alike to the honor of the individual, and of the profession at large. Is it asking too much to claim for such men that they are in reality the leaders of the profession, and that the mass of general practitioners, however excellently they may have assimilated to themselves the results of all past research, are but in reality the rank and file?

“It is recommended to the Association that the whole subject now under discussion be permanently laid upon the table, — a course that best of all would tend to preserve professional harmony, and would, as at present, leave each individual free to judge for himself as to whether and to what extent he shall acknowledge specialists and specialism, time being the most reliable arbiter. Thus quietly and practically would be conceded what every specialist will otherwise be sure to claim as his right, that each is free to exercise that taste in pursuing his own professional course which will mark him as being, or not, devoted to his noble work through higher than personal motives, a man of honor and a gentleman.”

Upon reading the records of the meeting of the Association, held at New Orleans in May of the present year, we were inclined to regret more than before, in view of the resolution offered by Dr. Yandell, of Louisville, and adopted by the Association, that we were unable to be present, for we should have used every means in our power to have prevented a measure of such offence. Considering, however, what has followed as its legitimate consequence, we ought rather to rejoice. The case is almost precisely similar to the conflict now going on in the Navy, between the Staff and the Line, to which we called attention last month; the only difference being that, instead of an isolated instance of injustice like that endured by Surgeon Green, we could call attention to probably an hundred, in many respects its equal.

Dr. Yandell's resolution was as follows:—

“*Resolved*, That private handbills, addressed by physicians to members of the medical profession, or cards in medical journals, calling the attention of professional brethren to themselves as specialists, be declared in violation of the code of ethics of the American Medical Association.”

Against a similar resolution, emanating from the New York State Medical Society, and presented to the Association in 1865,\* by a committee, of which the late Dr. Brinsmade, of Troy, was chairman, we protested, upon the double ground that the practice referred to had, by sufferance, grown into an established custom, and that it was no more than an inherent right if properly exercised. Dr. Brinsmade's resolution was therefore indefinitely postponed.

We now protest, for similar reasons, against the new dogma attempted to be foisted upon the profession in this country. The returning reason of those who en-

\* Transactions of the American Medical Association, 1865, p. 45.

dorsed it at New Orleans will probably cause the vote to be reconsidered at Washington this coming spring, till which time it is better for both sides to suspend the hostilities that will else inevitably ensue.

We ourselves, meanwhile, since we have been referred to by name, as of authority in this matter, by the gentlemen now under censure at New Orleans, to whose case we shall shortly refer, shall continue to call attention, as we have hitherto done, to the opportunities we have striven to afford our fellow-practitioners for instruction in gynæcology. If we, too, are placed under the ban, we shall not hesitate to accept the situation as one giving us still greater influence and power among the live men of the day.

The stirring appeal of Drs. Choppin, Beard, Brickell, and Bruns, of New Orleans, against the charge of Dr. Crawcour, of that city, whom they strive to show to have been himself guilty, if that be the word, of all that he has alleged against them, will probably have been seen by most of our readers. It is an eloquent plea for a greater latitude of advertisement than has as yet been permitted by the code of the Association to its members. For there is a difference, and one perceptible enough it would seem, between cards in a medical journal, and printed circulars sent to laymen, even though distributed to "bona fide persons, under cover of a sealed and stamped envelope."

The lines between respectability and empiricism must be drawn somewhere. Where to place them without accomplishing more harm than good has been the question, and it seemed sufficiently settled until the mischievous resolution by Dr. Yandell, of Kentucky. We are informed that this was dealt at an isolated case, a palpable and gross instance of empiricism. Be this as it may, the resolution strikes widely and high, and Dr.



Yandell, by firing into a crowd, becomes responsible for every innocent person who is injured. Were the letter of the code, as it has existed for these many years, rigorously enforced, there are hundreds of physicians, whose business cards now regularly appear in the advertising columns of village newspapers, who would have to be summoned for censure, or suspension from fellowship.

Were the code made to cover, in addition to public advertisements, all intimations of a private nature from one medical man to another, as is now attempted, a conflict will ensue which will inevitably leave specialists masters of the field.

It is possible, however, that the resolutions appended to the official Report upon Specialism, presented at the last meeting of the National Association, and also adopted, may, if properly interpreted, be found sufficiently just, and so allay the commencing excitement. We sincerely hope that this may be the case.

They are as follows: —

"*Resolved*, That this Association recognizes specialties as proper and legitimate fields of practice.

"*Resolved*, That specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners.

"*Resolved*, that it shall not be proper for specialists publicly to advertise themselves as such, or to assume any title not specially granted by a regularly chartered college."

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WE TOOK OCCASION, in the August number of this journal, to call attention to the fact that one of the more noted medical institutions of this city, the Massachusetts Charitable Eye and Ear Infirmary, whose establishment, many years since, was of such importance as

an authoritative recognition and encouragement of professional specialism in this community, was slipping behindhand in its influence, its aim, and its work.

Our article, it seems, has produced the effect we desired; it has stirred the management of the Infirmary from the apathy exhibited for several years. During the last month, there has appeared a well-written report of the doings of the current year, containing the following noteworthy paragraph: "It becomes a question to consider if we are not now justified in extending our facilities, even though it should involve a special call upon the charitable to replenish the treasury."

We trust that this call upon the charitable, and another upon the treasury of the State, will at once be made. It will always give us great pleasure to further the success of everything that tends towards the honorable development of the several departments of medical science.

The surgeons of the Infirmary are the following gentlemen: Drs. Robert Hooper, Gustavus Hay, Henry L. Shaw, Hasket Derby, Francis P. Sprague, B. Joy Jeffries, and Robert Willard. They open their very interesting portion of the report by a remark which in its application is just as pertinent to the welfare of gynæcology as of ophthalmology and otology. "Through the medium of special journals and society reports," say the Infirmary staff, "and by means of local, national, and international associations, the ophthalmic and aural surgeons, in the various parts of the world, are kept in communication with each other, and thus, by mutual thought and criticism, help forward their ever-advancing science."

We believe that the Gynæcological Society of Boston has struck the key-note of a similar advance, and trust that this will eventually result in a similar world-wide success.





















